CONCEPTUAL METAPHORS OF DEPRESSION IN THAI PATIENTS' FACEBOOK POSTS:

A CORPUS-BASED COGNITIVE LINGUISTICS INVESTIGATION

RATIPORN PANDUANGKAEW

Graduate School Srinakharinwirot University

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RATIPORN PANDUANGKAEW

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HAS BEEN APPROVED BY THE GRADUATE SCHOOL IN PARTIAL FULFILLMENT

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UNIVERSITY

....

(Assoc. Prof. Dr. Chatchai Ekpanyaskul, MD.)

Dean of Graduate School

....

ORAL DEFENSE COMMITTEE

.... Major-advisor

(Assoc. Prof.Nuntana Wongthai, Ph.D.)

.... Chair

(Asst. Prof.Baramee Kheovichai, Ph.D.)

.... Committee

(Assoc. Prof.Sugunya Ruangjaroon, Ph.D.)

.... Committee

(Asst. Prof.Sakulrat Worathumrong, Ph.D.)

.... Committee

(Justin james Bartlett, Ph.D.)

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Author   RATIPORN PANDUANGKAEW

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Depressed individuals often use metaphorical expressions to help others understand their experiences. However, research on the conceptual metaphors of depression in the Thai context has been limited. Consequently, this study aimed to investigate conceptual metaphors for depression in the Facebook posts of depressed Thai patients, and find out the most salient conceptual metaphors among them, following the Metaphor Identification Procedure Vrije Universiteit (MIPVU), developed by Steen et al. (2010), as well as salience-based metaphor analysis (Kövecses et al., 2015). Moreover, the purposes of this research were to compile and survey metaphorical expressions in terms of empowerment in order to further construct a depression metaphor menu to help empower patients. There were 659 posts published in 2023 (i.e., a corpus of 56,942 words) collected from a Thai Facebook group dedicated to mental illnesses. The findings revealed a total of ten conceptual metaphors manifesting the metaphorical conceptualization of depression. According to the data, three conceptual metaphors were found to be the most salient: (1) DEPRESSION IS AN OPPONENT; (2) DEPRESSION IS A JOURNEY; and (3) DEPRESSION IS A WOUND. These concepts reflect the Thai patients' attitudes towards their struggle with depression, their perception of depression as a journey, and their awareness of psychological wounds. Fifteen metaphorical expressions related to empowerment were surveyed. Among these, seven were eligible for the depression metaphor menu. This study sheds light on how depressed Thai patients conceptualize depression and helps make the abstract nature of depression more understandable in Thai mental healthcare communication.

Keyword : Conceptual metaphor, Depression, Facebook posts, Metaphorical expressions, Metaphorical salience, Thai context

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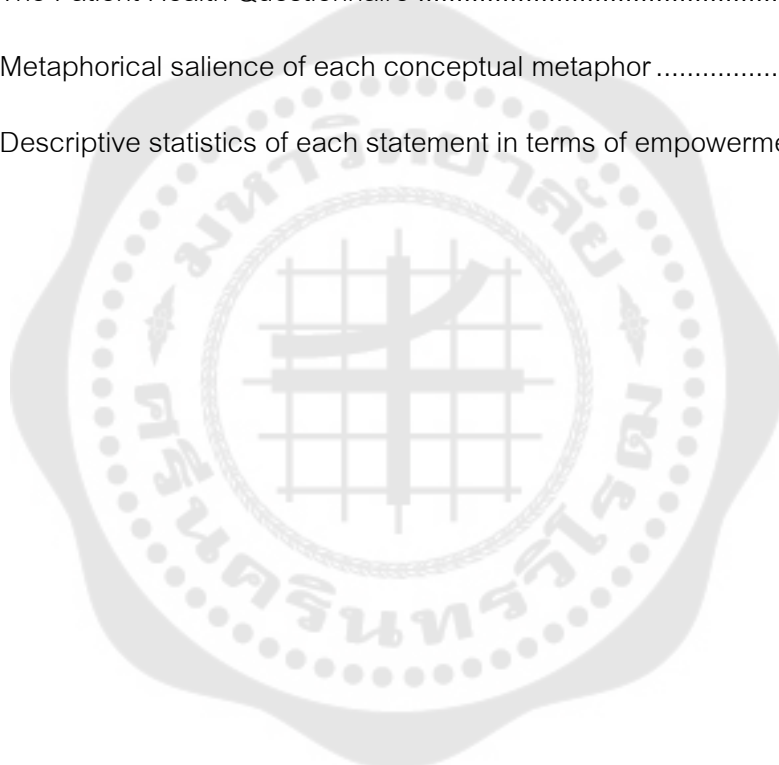
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CHAPTER 1

INTRODUCTION

This chapter provides readers with 1.1 Background of the study, 1.2 Objectives of the study, 1.3 Research questions, 1.4 Scope of the study, and 1.5 Definitions of terms.

1.1 Background of the study

Depression is a common mental illness that has long been torturing a large number of people globally. The World Health Organization or WHO (2021) highlights "depression is a leading cause of disability worldwide and is a major contributor to the overall global burden of disease" with nearly 300 million individuals experiencing it and over 700,000 people committing suicide each year. People affected by this dreadful illness suffer greatly from it and cannot function properly in daily activities (Gilbert, 2007; WHO, 2021). Since depression is common and can easily be found, the worst and most distressing part is that some of the patients decided to commit suicide despite effective medication for a severe depressive episode.

Depression is also considered one of the most common mental disorders in Thailand . This mental illness has gradually grabbed Thai people's attention since we have lost a well-known Thai actor (BBCThai, 2019), and other actors and actresses around the world who decided to end their life because of depression during the past few years. Suicide tracing back to depression does not only occur in celebrities but also in general people worldwide including in Thailand, as can be seen in the news. The number of patients diagnosed with depression, or those who have been able to gain access to medical services in Thailand, is as high as approximately 1.4 million as appeared in the reports during the fiscal years 2017-2022 (ThaiDepression, 2022). This estimated figure has not yet covered those who do not receive medical treatments; as a result, it is impossible to know the exact number of Thai depressed individuals. However, astoundingly, according to the Thai mental health spokesman, the total amount of 3.5 million people was displayed to have accessed the website https://checkin.dmh.go.th/ in the past few years in order to self-assess whether they were likely to be depressed or not

(TNNONLINE, 2022). Accordingly, the department of Thai mental health informed that the peak of the access to the provided website was in August, 2021 with the results of 51.5% for risk of depression, 45.5% for stress, 30.6% for risk of suicide, and 17.6% for burnout (DMH, 2022). The department further recommend that the population regularly assess themselves if they are prone to any mental illnesses; visitors of the website are also equipped with general knowledge of mental disorders and preliminary assistance from the specialists if needed.

Misunderstanding of depression among Thai society is still prevalent even though Thai people these days have received much more information concerning depression than in the old days with the help of social media in broadcasting the fact that depression has been menacing a higher number of Thai citizens. A great deal of people thinks that patients with depression are insane (Angkapanichkit et al., 2019; BBCThai, 2019; Sathientharadol, 2020) while some believe that sufferers are too weak, overthink, and just exaggerate their condition (Angkapanichkit et al., 2019). Moreover, patients are often viewed as a mere call for attention. These perceptions of depression can thus worsen patients' condition (KMITLMedicalCenter, 2019; PaoloHospital, 2021). Therefore, those who have close relationship with patients should not blame them for their weakness; instead, they should be listened to and empathized with (Angkapanichkit et al., 2019). Furthermore, emphasizes we need to learn to talk to the patients with depression more appropriately so that they will feel they are valued and become hopeful in life, e.g., เธอไม่ได้อยู่ตัวคนเดียวนะ ฉันจะอยู่ข้างๆเธอเอง (You are not alone. I am right here, just beside you).

Nowadays, it is undeniable that social media sites such as Facebook are more available than ever before for people to keep in touch with each other and keep updated to the current news. According to the latest official figure in the past year as of October 2021, Facebook is still the most-used social media platform worldwide (WeAreSocial, 2022). Among competitive social media platforms for news updates in Thailand, Facebook also gains popularity in early 2022 with the largest number of users (at around 50 million) compared to those of Instagram and Twitter with 18.5 and 11.45 million users respectively

(DataReportal, 2022). This substantial figure of Facebook users indicates the beyond-half current population of Thailand; therefore, most Thai citizens can undoubtedly keep connected with their interests, including the topic of depression, on Facebook pages and groups. Fortunately, Thai people can easily reach abundant Facebook pages (see Appendix 1) about depression and other related mental illnesses in which Thai mental health professionals are in charge of (e.g., The Psychiatric Association of Thailand). These reliable pages help educate both the patients and general people to understand more about the mental illnesses including depression. For instance, many pages help share the depression questionnaire https://www.rama.mahidol.ac.th/th/depression_risk, developed from the patient health questionnaire (PHQ-9) by the faculty of Medicine, Ramathibodi Hospital, in order for those who are hesitant about their depression condition to initially self-examine its severity before consulting the psychiatrist. Furthermore, most of the pages are more than ready for those in need to seek help directly from health professionals and gain insightful knowledge about mental illnesses.

Some well-known public Facebook pages by those who have experienced depression were intentionally created for helping patients fight depression by giving suggestions and information in Thai language on how to live or cope with the illness such as Better together (see Appendix 2). These pages have been representing the voice of Thai depressed people for more than 5 years. Not only do they act as an understanding friend throughout the years of hardship, but they also try to enable the patients' voice to be heard by sharing narratives of invisible pain. Helpful articles about depression and empowering quotes are also plentiful for patients to digest. Surprisingly, during the past 5 years, there have been over 70 brand-new Facebook pages on depression (see Appendix 3) by using the Thai word "ซึมเศร้า" which means "depression" for the search of the page's name. This can be assumed that Thai society has started to accept depression as a real illness. Most of the pages make the followers feel at ease that they are not alone by speaking up for them and sharing some motivational quotes from other sources. Some page owners post their own stories in order to complain and let go of what is in their mind while some pages talk about other people's stories in order to encourage and educate

their followers by providing general knowledge of depression. However, some newly pages might contain harmful content such as suicidal thoughts and inappropriate photos, as observed by the researcher; thus, followers should be careful in following those pages.

Besides pages, there are two types of Facebook groups available to patients with depression, family carers, and general people i.e., public groups (see Appendix 4) and private groups (see Appendix 5). A Facebook group is like a space created for those who share common feelings and experiences. This way, people with depression can feel more relieved and understood. They can comment and share their thoughts in their online community since learning other people's stories sharing similar experiences can give patients encouragement that they are not alone (Pongpanus & Prajaknate, 2020). Advice and help are always there for them to reach. Similar to writing in blogs and other social media platforms, expressing hurtful feelings through Facebook posts is another alternative for Thai patients to opt for.

However, there are some differences between public and private groups. While anyone can freely join public groups without approval from the admins, those who would like to be a member of some private groups must make a request to join a group and answer some questions. If approved by the group admins, it means the membership is valid. On the contrary, if all the questions are not answered, they might not be allowed to join the group. Examples of some necessary questions for preliminary screening that people requesting to join a group are required to answer are as follows: Why do you want to join the group? Are you a patient yourself or a family carer? If you are a patient, what event(s) in life made you become depressed? What are your perceptions of depression? Are you willing to follow all the rules of the group? This process allows certainty to some extent that everyone in the group is all here for either seeking for help or supporting each other because they share the same experiences of the illness. They are the ones who truly understand how it feels to be depressed.

Moreover, it means group admins care about screening people before accepting them into the group otherwise the group will not be a happy place to live for group members, as concerned by many group admins. One of the benefits of posting in

Facebook groups is members can write anonymously due to personal privacy reasons. Some groups nowadays allow anonymous posts in which members can post without their name nor profile picture shown to the group wall. This current feature released in 2020 allows members to be more engaged and makes them feel safer, especially when discussing sensitive issues (Jerrard, 2020).

In many groups, figurative language including metaphors is rich in patients' posts. Group members frequently narrate their depression agony employing metaphorical expressions in order for others to understand them better. For example, there is a metaphorical concept in this expression found in a Facebook public group: "It is a WORLD that no one understands". From this statement, it can be understood that the writer thinks of depression as a world that depressed people live in. It implies that only those who have encountered this illness will truly understand how it feels living with depression and general people will never understand it as deeply as those who have direct experiences with it. Accordingly, we can see that conceptual metaphors are already embedded in our everyday language including mental health communication although patients with depression might not even recognize that their own complaints consist of metaphors. It is also worth knowing that two conceptual domains, i.e., source domain (the domain used to understand the target domain) and target domain (the domain that we try to understand), share common characteristics (Dancygier & Sweetser, 2014). For this current study, the target domain is DEPRESSION which is the domain that we try to understand through source domains. For instance, in this case, the source domain WORLD is mapped onto the target domain DEPRESSION. Obviously, the source domain WORLD is considered a metaphorical expression since its basic meaning contrasts with the contextual meaning, however can be understood when compared. The basic meaning "the earth" which is a physical place where people live on can be understood in association with an abstract place where depressed people live in. Therefore, this should be helpful in understanding patients' metaphorical expressions by the use of source domains.

Simply related to our everyday physical experiences, conceptual metaphors are useful to understand patients' hidden feelings, thoughts, and needs since mental states are naturally abstract (Kövecses, 2020; Lakoff & Johnson, 1980; Ritchie, 2013; Semino et al., 2018). Especially when feelings cannot be expressed in normal words, metaphorical expressions are often found in patients' narration in order for one thing to mean the thing they intentionally would like to convey. For example, the statement "How… am I supposed to know how to *navigate* this *road* I do not even want to be *on*" (Demjén & Semino, 2017, p. 395) suggests that a patient views their illness as a journey, using metaphorical expressions related to the conceptual metaphor JOURNEY namely, "navigate", "road", and "on", just as we use these words in our daily journey.

Since it is widely known that there are various social media platforms available for those experiencing mental illnesses to gather together as a community, some scholars opt to obtain natural language from mental health blog posts narrated directly by patients in order to examine the predominant conceptual metaphors in their narration (e.g., Coll-Florit et al., 2021a; Coll-Florit et al., 2021b; Mlakar, 2019). In line with previous research (Charteris-Black, 2012; Fullagar & O'Brien, 2012), these recent studies confirm, for instance, the popularity of WAR-related metaphorical expressions (e.g., fighting depression) and JOURNEY-related metaphorical expressions (e.g., difficult road) used by patients despite the new genre of text types under investigation (i.e., blog posts). More importantly, the researchers attempted to understand the abstract concept of depression based on the conceptual metaphor theory (CMT) which at the same time means depressed individuals are valued.

To illustrate how conceptual metaphor can help better understand depressed patients, let us take a closer look at Fullagar and O'Brien's (2012) work. The conceptual metaphor DEPRESSION IS IMMOBILITY reveals that patients feel that they are stuck in depression so that they cannot get away from it no matter how hard they try as in "you're in trap… the more you try, the more you get stuck in it, and it's just black, the whole cloud thing, you can't shift the cloud" (p. 1066). This conceptual metaphor at least allows all stakeholder groups and general people to perceive that patients themselves have already

tried to escape from depression that has been holding them and will not easily let them go. This implies that patients would like to recover from it but they cannot see the way out of depression as mentioned with the metaphorical expressions "black" and "cloud". In other words, there seems to be no light to lead towards recovery. They then always get tired and overwhelmed with the battle against depression which does not seem to end. As a result, patients are often misunderstood as lazy people when they struggle with depression and lose function in doing regular activities they are supposed to. Therefore, this conceptual metaphor might enable listeners to be more empathetic and be able to understand why patients behave the way they do.

There are plenty of scholarly journals worldwide concerning conceptual metaphors and mental illnesses, such as *BMJ supportive & palliative care, Metaphor and Symbol*, and *Qualitative Health Research* in which we can find valuable work from scholars working within the framework of CMT. CMT is widely accepted among scholars of many fields involving mental illness communication (e.g., Charteris-Black, 2012; Munday et al., 2020; Semino, 2017; Semino et al., 2017; Stanley et al., 2021). This probably indicates the value of conceptual metaphors in helping understand more deeply the inexplicable feelings of patients with mental illnesses such as depression. Moreover, studies have proven that metaphors can provide comprehension about certain aspects of the illness that is hard to explain in literal language and can also foster well-being and empower patients (e.g., Appleton & Flynn, 2014; Gallagher et al., 2013). Investigating metaphorical expressions by Thai patients with depression may thus benefit patients and all stakeholder groups associated with patients such as psychiatrists, psychotherapists and family carers because not only will they understand how the patients feel through underlying conceptual metaphors, they can also make use of particular metaphorical expressions to encourage and empower the patients. For this reason, studying conceptual metaphors of depression might be another solution to the problem of trying to understand what the patients think and feel.

Despite a certain number of noteworthy publications investigating into conceptual metaphors for illnesses (e.g., Eakapont & Wongpinunwatana, 2014; Petchkij, 2008;

Udomphan et al., 2013), in-depth studies concerning conceptual metaphors for mental illnesses, especially depression, in Thai cultural context have been scarce. Even though there are some Thai linguistic studies on depression aiming to analyze the language produced by Thai depressed patients, they did not specifically look into conceptual metaphors for depression. One of the studies is the most recent paper written by Klaisingto (2021). Female patients' negative mindset was examined through systematic functional linguistics. The findings indicate patients' negative perspectives in all linguistic levels including textual and syntactic aspects, lexical choices and pragmatics. Negative thoughts and emotions can be found in patients' word selection such as "bored", "hopeless", and "tired". Conceptual metaphors found in their study are as follows: DEPRESSION IS A DARK ROOM, DEPRESSION IS A WASTE, and DEPRESSION IS NON-HUMAN.

Another important work on depression in Thailand was conducted by Angkapanichkit et al. (2019). This masterpiece, a full research report granted by National Research Council of Thailand and Thailand Research Fund, offers valuable insight into depression in Thai undergraduates at a Thai university of academic year 2016. The results show 23.3% of 700 students were likely to be depressed after being surveyed with three types of questionnaires. Furthermore, discourse analysis of 40 depressed participants' diaries and interviews reveals their negative cognition such as hopelessness, worthlessness, and death. Speech act of self-blaming, complaints, and requests can also be found in students' narration. Using metaphorical expressions is another strategy used among participants to make themselves more understood. The authors believe the use of this linguistic feature found in depression narratives is similar to writing novels since metaphor plays an important role in communicating abstract thoughts and feelings. Negative expressions usually illustrate patients' various emotions which are consistent with the main symptoms of depression: disappointed, depressed, worthless, and guilty. Metaphorical expressions embedded in students' narratives involve "down" and "fail" which clearly indicate the conceptual metaphor DEPRESSION IS DOWN. This is also compatible with physical appearance of depressed participants that their heads tend to

droop down during interview sessions. Moreover, they always feel exhausted and their body gets too heavy to get up.

Noting the gap in the literature, consequently, this study aimed to specifically gain insights into conceptual metaphors for depression in depressed Thai patients' written posts. This current study differs from previous studies conducted by Thai researchers (Angkapanichkit et al., 2019; Klaisingto, 2021) in a way that conceptual metaphors for depression were the main focus of the research, not just one of the linguistic choices used by patients as emerging in the findings of both former investigations. Moreover, regarding research instruments, previous studies (e.g., Charteris-Black, 2012; Coll-Florit et al., 2021; Semino et al., 2017) employed Metaphor Identification Procedure (MIP) of Pragglejaz Group (2007) as a framework of metaphor analysis. Nevertheless, this current study differs from earlier research in its adoption of MIPVU (Steen et al., 2010), a refined version of MIP. Moreover, salience-based metaphor analysis (Kövecses et al., 2015) was also applied in order to derive the most salient conceptual metaphors for DEPRESSION in the Thai context.

Unlike previous studies over a decade ago in which the data were somewhat limited to face-to-face interviews or audio recordings due to scarceness of online resources, the study under investigation on depression conceptual metaphors with online data collection may offer more comprehensive data in a way that patients do not have to worry about their own messages when writing in an online Facebook support group. They can convey their thoughts and feelings naturally with their group members. On the other hand, patients might feel cautious about their own words when talking to a stranger during the interview sessions or even their own doctor during the one-on-one conversation. To truly provide benefits to all stakeholder groups related to depression, this research thus intended to obtain the data from the natural setting where patients feel most comfortable talking about their depression, resulting in the researcher's self-compiled corpus consisting of depressed patients' written online narratives for metaphor analysis. A specialized corpus, which is a collection of texts focused on a specific domain, genre, or register, offers several unique benefits to linguistic research and provides detailed

insights into language use within a particular field, such as healthcare, medication, and psychology (Bowker & Pearson, 2002; McEnery & Hardie, 2012; Sinclair, 1991). Consequently, the researcher's own depression corpus, relevant to patients' complaints, encouragement, and other related issues, can help identify the metaphorical expressions used by Thai patients with depression.

Depression conceptual metaphors in Thai depressed patients' posts were of the researcher's interest since previous studies (e.g., Lendik et al., 2017; Mirdamadi, 2019; Rechsteiner et al., 2020) have shown that there are indeed variations in the way mental illnesses are conceptualized in different cultures around the world. With this concern, this research then aimed to investigate conceptual metaphors, with a private Facebook group as a target group. In this community, Thai individuals experiencing and struggling with depression regularly share their own feelings with those who are in the same group. Conceptual metaphors for depression in Thai patients' lived experience, consequently, were emphasized in order to establish understandings in terms of how patients feel like when they suffer from the illness.

In addition to investigation into conceptual metaphors for depression, the most salient conceptual metaphors were also presented to represent Thai patients' most predominant conceptual metaphors associated with the target concept DEPRESSION. Salient conceptual metaphors could bring us closer to how the target domain DEPRESSION is typically conceptualized in the Thai setting, which in turn can shed light on the cultural importance of Thai conceptual metaphors. Some salient conceptual metaphors found in this study might vary considerably when compared to the findings of related studies; however, metaphorical salience might at least allow us to gain better insights into the prototypical conceptualization of DEPRESSION in the Thai cultural setting.

Apart from looking into conceptual metaphors for depression in the Thai context, these conceptual metaphors were subsequently discussed whether they differ from those found in previous research conducted worldwide. The similarities and differences between conceptual metaphors in Thai patients' narratives and the results from previous studies with patients residing in other cultures might therefore, more or less, provide better

understanding of the metaphor use of depressed individuals. Additionally, getting to know a variety of conceptual metaphors for depression not only allows us to understand more about depression, it might also enable patients to feel understood and accepted. Once patients feel they are not alone, they may be more motivated to handle with depression and have hope that they can eventually recover from it. Apparently, recognizing conceptual metaphors for depression could lead to sympathy, empathy, and empowerment.

Another interesting issue that people have been more aware of these days is how to communicate with the depressed patients by not worsening their condition. Empowering metaphorical expressions were therefore proposed as part of the research. This was aimed to empower Thai patients suffering from depression to be able to recover more quickly, and to be able to deal with their emotions more effectively. All relevant stakeholder groups might find these expressions as another resource to communicate with patients more appropriately. Moreover, "empowerment" embedded within suggested metaphorical expressions might become a helpful alternative to support patients' mental well-being.

1.2 Objectives of the study

1. To investigate overall DEPRESSION conceptual metaphors in depressed Thai patients' Facebook posts in order to increase public understanding of patients' illness condition and lived experiences

2. To investigate the most salient conceptual metaphors in depressed Thai patients' posts among the overall DEPRESSION conceptual metaphors

3. To compile empowering metaphorical expressions belonging to the most salient conceptual metaphors for depression

4. To survey depressed Thai patients' and mental health professionals' perceptions of the empowering metaphorical expressions

1.3 Research questions

1.What are DEPRESSION conceptual metaphors in depressed Thai patients' Facebook posts?

2.What are the most salient conceptual metaphors in depressed Thai patients' posts?

3.What are empowering metaphorical expressions belonging to the most salient conceptual metaphors for depression?

4. What are depressed Thai patients' and mental health professionals' perceptions of the empowering metaphorical expressions?

1.4 Scope of the study

A private Facebook group that provides a peer-support space for Thai members was chosen for the main population of the current study. This group consists of Thai patients with mental illnesses including depression. This private group was created with the aim to make patients feel "they are not fighting alone". All members have to respect each other by following the rules set by the admins of the groups (e.g., be polite and sympathetic, do not judge other members). Among other private groups, this was the only group that all the members had been diagnosed with mental illnesses (e.g., major depressive disorder, bipolar, and panic disorder). Each patient was asked by the group admins to show their medical treatments (e.g., medical certificates, prescriptions, or other related evidence) to confirm that they are truly a patient before being accepted into a group. Since the emphasis of this current study is on the medical-diagnosed patients, the private group consisting of only patients with diagnosis of mental illnesses was therefore selected to facilitate the process of data collection.

Accordingly, Facebook pages which are all considered public were not chosen to be a sample for this study because many of them have remained inactive for more than a year or posted once in a while. Moreover, only the owner of the page can post on their wall and the followers can only comment. This means the patients' feelings through their own narratives are then not fully emphasized. Public Facebook groups were also opted out of this study since there appears too many commercials and the groups do not truly

represent a community for depressed patients to seek help and express their feelings. Moreover, even though patients' feelings and encouragement can also be found in several other private and public Facebook groups, those groups do not exclude self-diagnosed patients, family carers, and general people, thus they did not conform to the target group aimed for this current research (i.e., a private group consisting of only diagnosed patients with mental illnesses, not other stakeholder groups).

Since this study intended to cover all aspects of depression conceptual metaphors in native Thai patients' posts as comprehensive as possible (e.g., how depression is like in patients' views, how patients feel when they are depressed, and how patients cope with depression), only posts written in Thai language were selected.

In order to answer research question 4 which is a supplementary question intentionally included to fulfill the contribution of this dissertation, the survey regarding the empowerment of the metaphorical expressions to be included on the depression metaphor menu was launched. This survey was conducted not only with depressed Thai patients in a private Facebook group (i.e., the main population), but also with depressed Thai patients and Thai mental health professionals following a counseling Facebook page (i.e., the second target group).

1.5 Definitions of terms

Cognitive linguistics refers to an interdisciplinary branch of linguistics that studies the relationship between language and the mind: the understanding of depression through metaphorical language in this study

Conceptual metaphor refers to the cognitive process where one domain of experience (the "source domain") is used to understand or conceptualize another domain (the "target domain"), according to George Lakoff and Mark Johnson (1980). This process shapes our thoughts, actions, and language by allowing us to understand complex or abstract concepts (i.e., depression) through more familiar and concrete experiences.

Corpus refers to the researcher's specialized collection of depressed patients' written online posts for this study

Depression refers to a mental illness, namely a depressive episode, found in major depressive disorder (MDD) and bipolar disorders (both bipolar I and bipolar II)

Empowerment refers to giving encouragement and power to depressed Thai patients, especially those in the target group, to be able to deal with their emotions more effectively through the use of some metaphorical expressions found in the corpus that might be considered empowering to different individuals; this can be peer or family mental support

Family carers refer to family members, relatives, couples, or friends of depressed patients

Mental health professionals refer to psychiatrists, psychotherapists, or counselors

Menu refers to a collection of empowering metaphorical expressions in a depression metaphor menu

Metaphorical expressions refer to words, phrases, or sentences originally written by patients that suggest the existence of conceptual metaphors

Patients refer to Thai members in a private Facebook group who have already been diagnosed with depression and have received medical treatments (e.g., taking medicine, consulting psychotherapists, and some other medication due to the severity of the illness), and also refer to depressed Thai individuals who participated in a survey

Perceptions refer to depressed Thai patients', mental health professionals', and general public's perceptions of the metaphorical expressions to be included on the depression metaphor menu in terms of empowerment

Posts refer to patients' written narratives, complaints, and other related issues relevant to depression in a private Facebook group under investigation

Private group refers to a Thai peer-support Facebook group in which only members in this group can see other members' names and what they post

Salient conceptual metaphor refers to the most prominent conceptual metaphor that received the highest aggregate value, calculated following salience-based metaphor analysis

CHAPTER 2
LITERATURE REVIEW

This chapter includes four main topics related to the objectives of the dissertation as follows: 2.1 Conceptual Metaphors and Metaphor Analysis, 2.2 General Knowledge of Depression, 2.3 Depression Conceptual Metaphors from Patients' Lived Experience, and 2.4 Metaphorical Expressions in terms of empowerment.

2.1 Conceptual Metaphors and Metaphor Analysis

Metaphor is an important kind of figurative or non-literal language, found not only in literature but also in our everyday speech and writing. Metaphor has been defined various ways. Semino (2008) defines "metaphor" as "the phenomenon whereby we talk and, potentially, think about something in terms of something else". "Metaphor" is also variously defined in dictionary entries. For example, Cambridge Dictionary defines it as "an expression, often found in literature, that describes a person or object by referring to something that is considered to have similar characteristics to that person or object".

Metaphor has been used for centuries, and can often be found in literature as seen in the works of famous authors worldwide. For instance, the quotation "all the world's a stage" from William Shakespeare's comedy, first published in the early 17th century (see more http://shakespeare.mit.edu/asyoulikeit), expresses a metaphor. This is due to the non-literal language of metaphor, meaning that the "world" in this expression is not literally a "stage". By saying the world is a stage, Shakespeare may point out a connection or similar functions between the world and the stage.

There appear many reasons behind our use of metaphor in our communication. One of them is to convey the closest meaning in accordance to what the speaker intends to mean. Oftentimes, "by using metaphors, much more can be conveyed, through implication and connotation, than through straightforward, literal language" .

According to some theorists, metaphor is not merely stylistic in poetry, however it is also pervasive in our everyday life. Metaphor does not only deal with language, but also thoughts and actions. This is because metaphor is not just thinking about something in

association with another, but also actually experiencing something as something else. The conceptual metaphor theory, as a framework for this current research, is further explained in the following paragraphs to help elaborate on why the more concrete concepts may help facilitate the understanding of the abstract concept (i.e., DEPRESSION in this study).

2.1.1 Conceptual metaphor theory (CMT)

The concepts that govern our thought are not just matters of the intellect. They also govern our everyday functioning, down to the most mundane details. Our concepts structure what we perceive, how we get around in the world, and how we relate to other people. Our conceptual system thus plays a central role in defining our everyday realities. If we are right in suggesting that our conceptual system is largely metaphorical, then the way we think, what we experience, and what we do every day is very much a matter of metaphor.

(Lakoff & Johnson, 1980, p. 3)

Conceptual metaphor theory, or known as CMT for its abbreviation, was initially mentioned in George Lakoff and Mark Johnson's pioneering writing (1980) titled *Metaphors We Live By*. In cognitive linguistics, as the name of the theory implies, metaphor in the mind has become the main focus instead of the mere metaphor in language; nevertheless, these two elements, i.e., language and mind, cannot be separated since language allows us to gain insights into how one thinks and feels. Overall, cognitive linguistics views language as an integral part of cognition, emphasizing that linguistic structures are not arbitrary but are grounded in our cognitive and physical experiences. The core of conceptual metaphor is understanding one "concept" in association with another (Lakoff & Johnson, 1980, 2020). More straightforwardly, a conceptual metaphor basically consists of two "conceptual domains" of experience, in which one domain (typically abstract) is understood in association with another domain

that is more concrete (Kövecses, 2008b, 2010, 2017; Lakoff & Johnson, 1980). The two domains associating with conceptual metaphor are "source domain" and "target domain". The source domain is the conceptual domain from which we draw metaphorical expressions to understand the other conceptual domain (i.e., the target domain). On the other hand, the target domain is the domain that we try to understand through the source domain. For example, in the conceptual metaphor DEPRESSION IS A JOURNEY, the concept DEPRESSION is a target domain due to it being more abstract while the concept JOURNEY is a source domain because of its concrete nature. Therefore, according to CMT, "more-physical domains typically serve as source domains for more-abstract targets" (Kövecses, 2017, p. 16). Cognitive linguists Lakoff and Johnson (1980) emphasized that our conceptual system is grounded in bodily experiences. Our understanding of abstract concepts often arises from and is structured by our physical interactions with the world. Conceptual metaphors are thus not arbitrary but are part of a systematic network of mappings between different domains of experience. Conceptual mappings between two different domains are therefore embodied, meaning they are grounded in our sensory-motor (e.g., bodily movement), cultural, and social experiences. This means that our physical experiences shape the way we understand and use metaphorical expressions. The structure of a source domain is considered concrete in nature (i.e., easy to see and imagine), so that it evokes real life experience or knowledge; as a result, this embodied experience is typically used to understand the target domain which possesses abstract or much less tangible structure when compared to the counter part.

Conceptual metaphors are typically represented with capital letters to indicate concepts instead of literal words as can be seen in many cognitive linguists' works (e.g., Kövecses, Lakoff & Johnson, etc.), as in the conceptual metaphor DEPRESSION IS A JOURNEY whereby both DEPRESSION and JOURNEY are considered concepts. Metaphor is not just a tool for decorating language but a fundamentally conceptual device for conceptualizing and establishing reality (Gibbs Jr, 2008; Kövecses, 2020) since "our ordinary conceptual system, in terms of which we both think and act, is fundamentally

metaphorical in nature" (Lakoff & Johnson, 1980, p. 3). However, "people are rarely aware whether words and phrases have literal, figurative, or some other type of meaning" (Gibbs Jr & Colston, 2012, p. 17) since they ordinarily use their language in order to mutually understand each other's messages. Lakoff and Johnson (1980, 2020) point out that metaphor, nowadays, has been neglected in the language philosophy and often seen as a tool for poetry even though conventional metaphors (i.e., repeated metaphors) commonly occur in our daily activities. They remark that it is not even regarded as "thought or action" but simply a component of language so it is not at all important for most people. Moreover, regarding the association between metaphor and thought in our everyday operation in the society, conceptual metaphor is thus considered ordinary in our conceptual system but mostly people do not perceive the prevalence of conceptual metaphor in their life experiences unless language is carefully looked into so that we can understand the nature of our systematic metaphorical concepts. Generally speaking, conceptual metaphors can be found in plenty of languages and they appear to exist since our early childhood; in other words, conceptual metaphors are simply associated with our everyday physical experiences (Ritchie, 2013).

According to CMT, conceptual metaphor does not only appear in language but also in our thought because it concerns with talking and thinking about aspects of the world (Kövecses, 2020; Lakoff & Johnson, 1980, 2020). LIFE IS A JOURNEY is an example of how conceptual metaphor can influence our thoughts about our life; this conceptual metaphor reveals that we are able to specify our own targets in life, we can choose any path according to one's preference, and many other things can be set along the journey. Similarly, LOVE IS A JOURNEY conceptual metaphor does not mean we are physically going somewhere; it, instead, suggests all the events happening along the way of one's relationship. Detailed elements of the source domain JOURNEY can be mapped onto those of the target domain LOVE as follows:

Source: JOURNEY		Target: LOVE
the travelers	$\Rightarrow$	the lovers

the vehicle   ⇒   the love relationship itself

the journey   ⇒   events in the relationship

the distance covered   ⇒   the progress made

the obstacles encountered   ⇒   the difficulties experienced

decisions about which way to go   ⇒   choices about what to do

the destination of the journey   ⇒   the goal(s) of the relationship

(Kövecses, 2010, p. 9)

From Kövecses's illustration of the metaphorical mapping between the source domain (i.e., JOURNEY) and the target domain (i.e., LOVE), there are internal elements embedded in the conceptual metaphor LOVE IS A JOURNEY. The arrows indicate the conceptual mappings between the source and target domains due to their conceptual similarities. The more abstract concept LOVERS, for instance, is then conceptualized as TRAVELERS in the figurative language use for a clearer picture of the target domain we try to understand, via the manifestation of the more physical concept that we normally experience. For better understanding concerning the metaphorical structuring of a conceptual system, the two founders of the CMT have identified this kind of conceptual metaphor as "structural", a metaphorical system, in which one complex concept is metaphorically structured in association with a more concrete one (Lakoff & Johnson, 1980). Thus, it can be seen that metaphor in language is naturally associated with our thoughts and actions based on our experiential basis.

The technical definition of conceptual metaphor is also regarded as "a systematic set of correspondences (mappings) between two domains of experience" (Kövecses, 2020, p. 2). According to Kövecses (2010, 2020), the conceptual metaphor ANGER IS FIRE, for instance, is systematic in terms of mapping because the association between the source and the target domains reveals related elements in the way that our knowledge about the source domain is mapped onto the target domain. To illustrate this knowledge, he further explains that the target concept ANGER is abstract since it is intangible and is

thus conceptualized as a more physical source domain which is FIRE, resulting from similarity between two domains, both dealing with "heat".

To illustrate how a metaphorical concept structures our daily performance, Lakoff and Johnson (2020) provide an example of a well-known conceptual metaphor that can be found in our everyday expressions which is ARGUMENT IS WAR. According to their explanation, this is truly a concept that we live by because an argument is like a war although it is not physical but its structure also consists of shared elements, namely, "attack" and "defense", just as for WAR. In terms of mappings, Dancygier and Sweetser (2014) clarify that figurative expressions concern how we can match concepts that are not actually related to each other in terms of direct contexts; for instance, the word "attack" can be used metaphorically in a discussion context instead of physically in a war. They also note that this occurrence of figurative meaning is not accidental but well-chosen.

In this case, when "attack" is used figuratively, it is meant to refer to the conflict of ideas, resulting in the mapping between ARGUMENT and WAR. Both of these two conceptual domains possess shared properties i.e., conflict, participants and action. A conceptual metaphor can be thought of a unidirectional relation since the source domain is mapped onto the target domain such as WAR to ARGUMENT. From this explanation, we can see the imbalance between two conceptual domains because we normally interpret ARGUMENT as WAR and not the reverse way; however, both domains still constitute similar properties in their conceptual structures. That is why the linguistic expressions such as "winning" and "losing" are used in both domains due to their conceptual mappings. Concerning the preference over the appropriateness of selecting the source domain for ARGUMENT, some scholars however are more likely to use the concept COMBAT instead of WAR to lessen the sense of severity. They further emphasize that both concepts i.e., COMBAT and WAR exist within the same conceptual frame (knowledge structures). Therefore, it is suggested that various factors (e.g., situations, roles, and contexts) are required to be considered in order for the domains to be appropriately specified (Dancygier & Sweetser, 2014).

One of the most popular conceptual metaphors by Lakoff and Johnson (1980, 2020) is TIME IS MONEY which they claim that this metaphorical concept structures common actions in our daily life since TIME is viewed as valuable as MONEY. The linguistic expressions that we use with MONEY are also used with TIME such as "spend", "cost", and "save" as illustrated in the following everyday language given by the theorists (Lakoff & Johnson, 1980, p. 7 - 8):

TIME IS MONEY

You're <u>wasting</u> my time.

This gadget will <u>save</u> you hours.

I don't <u>have</u> the time to give you.

How do you <u>spend</u> your time these days?

That flat tire <u>cost</u> me an hour.

I've <u>invested</u> a lot of time in her.

I don't have <u>enough time</u> to <u>spare</u> for that.

You're <u>running out</u> of time.

You need to <u>budget</u> your time.

<u>Put aside</u> some time for ping pong.

Is that <u>worth your while</u>?

Do you <u>have</u> much time <u>left</u>?

He's living on <u>borrowed</u> time.

You don't <u>use</u> your time <u>profitably</u>.

I <u>lost</u> a lot of time when I got sick.

<u>Thank you for</u> your time.

As can be clearly seen from the above examples, the underlined expressions offer an insight into the conceptual metaphor TIME IS MONEY, indicating our everyday experiences with MONEY. These underlined expressions are called "metaphorical expressions" or "metaphorical linguistic expressions", i.e., words, phrases, or sentences

originally uttered in everyday communication, manifesting "the existence of conceptual metaphors" . According to CMT, "conceptual metaphors" and "metaphorical expressions" are related to each other but operate at different levels of analysis within language and cognition. Metaphorical expressions are linguistic manifestations of the underlying conceptual metaphors that structure our understanding of abstract concepts. For example, the metaphorical expressions "wasting", "running out", and "lost" are manifestations of the conceptual metaphor TIME IS MONEY. Put simply, metaphorical expressions indicate the "ways of talking" while conceptual metaphors represent the "ways of thinking", or that metaphorical expressions are "manifestations of conceptual metaphors" .

In the case of TIME, people in most cultures conceive of TIME as a valuable commodity since it is a limited resource that we use to complete things in our lives just as we spend money for our living. According to Lakoff and Johnson (1980), time is definitely quantified as workers usually get paid by hour, week, month, or even year. The fact that we naturally think of TIME as MONEY allows us to understand and experience TIME as a valuable thing that can be invested, saved, and wasted. Therefore, the conceptual metaphor TIME IS MONEY is considered a metaphorical concept due to it being metaphorical since we use our everyday experiences with MONEY, a valuable and limited resource, to conceptualize TIME.

Metaphorical expressions are not just linguistic expressions but cognitive structures that shape our understanding of the world. They highlight certain aspects of a concept while simultaneously hiding others. For example, in DEPRESSION IS A JOURNEY, the properties of a journey (e.g., traveling, facing obstacles, and moving on) are highlighted in our understanding of depression whereas aspects, such as buying a ticket, are not compatible with depression and are therefore hidden. Mapping involves establishing systematic correspondences between elements of a source domain and those of a target domain, based on non-preexisting similarities. To illustrate, elements of the source domain JOURNEY such as traveling, navigating paths, and overcoming

obstacles are systematically mapped onto those of the target domain DEPRESSION, allowing us to understand DEPRESSION in association with a journey.

Three main types of conceptual metaphors were identified: orientational, ontological, and structural (Lakoff & Johnson, 1980). A structural metaphor, as mentioned previously, is a metaphorical system in which a complex concept is presented in association with a more concrete concept such as DEPRESSION IS WAR. To elaborate, DEPRESSION is considered complex whereas WAR is more concrete. An ontological metaphor is a metaphor in which abstract concepts are understood in association with physical concepts such as MIND IS A MACHINE. To illustrate, MIND is an abstract concept while MACHINE is considered physical in association with our physical experiences. In addition to ontological and structural metaphors, an orientational metaphor is another important type of metaphors according to CMT. To emphasize the abstract concept such as DEPRESSION, an orientational metaphor is also relevant in this regard because it connects with physical space such as up-down orientation, that is widely used when referring to emotion concepts. HAPPY IS UP and SAD IS DOWN are clear examples of orientational metaphors. As explained by Lakoff and Johnson (1980) due to human beings' physical basis, the emotions relate to people's physical posture; for example, when people with sadness feel down, their posture will not stand up right. However, they emphasize that the orientational conceptual metaphors can be varied across cultures. Our everyday activities are associated with conceptual metaphor in all facets based on our experiences; this is the reason why people dwelling in different cultures perceive and express things differently, resulting in linguistic differences. Emotion concepts such as "anger", "fear", and especially "sadness" thus can be largely understood by means of conceptual metaphors, whether they are "structural", "ontological", or "orientational" conceptual metaphors.

According to Kövecses (2010), the emotion target domains such as "sadness" or "depression" typically involve forces. He provides a linguistic example in his writing "waves of depression came over him" that can simply be represented with a conceptual metaphor "SADNESS IS A NATURAL FORCE", as shown by the first example of Table 1,

indicating the highlighted aspects of passivity and lack of control over depression. Another linguistic examples and conceptual metaphors of sadness are illustrated as follows:

Table 1 Linguistic examples and conceptual metaphors of sadness

Linguistic Examples	Conceptual Metaphors
1. Waves of depression came over him.	SADNESS IS A NATURAL FORCE
2. He brought me down with his remarks.	SADNESS IS DOWN
3. He is in a dark mood.	SADNESS IS DARK
4. I am filled with sorrow.	SADNESS IS A FLUID IN A CONTAINER
5. That was a terrible blow.	SADNESS IS A PHYSICAL FORCE
6. Time heals all sorrows.	SADNESS IS A DISEASE
7. He was insane with grief.	SADNESS IS INSANITY
8. He drowned his sorrow in drink.	SADNESS IS AN OPPONENT
9. His feelings of misery got out of hand.	SADNESS IS A CAPTIVE ANIMAL
10. She was ruled by sorrow.	SADNESS IS A SOCIAL SUPERIOR

Source: Kövecses (2010, p. 334)

Conceptual Metaphor Theory (CMT), proposed by George Lakoff and Mark Johnson in their seminal work "Metaphors We Live By" (1980), has significantly influenced cognitive linguistics and the understanding of metaphors in language and thought. However, it has faced some critiques as follows:

Subjectivity in Identifying Metaphors

Identifying and categorizing conceptual metaphors can be subjective. Different researchers might identify different metaphors in the same linguistic data, leading to inconsistencies and questions about the reliability of CMT's analyses (e.g., Cameron, 2003).

Cultural and Linguistic Diversity

Also, CMT has been criticized for assuming a degree of universality in conceptual metaphors that may not exist across different cultures and languages. Cultural and linguistic diversity can lead to significant variations in metaphorical expressions and understandings (e.g., Yu, 1998).

Static versus Dynamic Nature of Metaphors

CMT tends to treat conceptual metaphors as stable cognitive structures, but real-world metaphor use is dynamic and context-sensitive. Metaphors can evolve over time and be used creatively in ways that CMT does not fully account for (e.g., Steen, 2008).

Emphasis on Metaphor over Other Tropes

Moreover, CMT might place a heavy emphasis on metaphor, potentially at the expense of other important figurative language devices such as metonymy, irony, and hyperbole. A comprehensive theory of figurative language should integrate these other tropes (e.g., Barcelona, 2000).

These critiques however do not necessarily threaten Conceptual Metaphor Theory (CMT) in its entirety for these reasons:

Concerning subjectivity in identifying metaphors, while subjectivity in identifying metaphors can introduce variability, CMT focuses on systematic patterns of metaphorical thought that are broadly observable across languages and cultures. The existence of different interpretations does not negate the underlying concept that certain domains of experience are consistently mapped onto others. Regarding cultural and linguistic diversity, CMT however acknowledges that metaphors can vary across cultures and languages. Rather than claiming universality in specific metaphorical mappings, it seeks to identify recurring patterns that are prevalent cross-culturally. This criticism encourages researchers to refine CMT by considering cultural and linguistic contexts more deeply. Although CMT has also been critiqued for treating metaphors as static structures, the theory itself has evolved to incorporate dynamic aspects of metaphor use. Contemporary approaches in CMT increasingly recognize the contextual flexibility and creativity in metaphorical expressions. Finally, while CMT has historically focused on metaphors, it

does not preclude the study of other figurative language devices like metonymy, irony, and hyperbole. Scholars within CMT have explored these tropes and their interactions with metaphor, aiming for a more comprehensive understanding of figurative language. In summary, while these critiques highlight areas where CMT could evolve and improve, they do not fundamentally undermine the theory's core insights into how metaphorical thinking structures cognition and language across diverse contexts.

Despite these critiques, CMT has made substantial contributions to our understanding of metaphors and continues to inspire research in cognitive science, linguistics, and psychology. Its emphasis on the embodied nature of cognition and the pervasive role of metaphor in thought and language remains a significant theoretical advancement. Accordingly, the researcher finds Conceptual Metaphor Theory (CMT) valuable for several reasons. Firstly, CMT provides a framework for understanding how abstract concepts are structured and understood through more concrete experiences. This helps researchers in cognitive linguistics and psychology to explore how language reflects and shapes thought. Secondly, by analyzing metaphors across different languages and cultures such as Thai, researchers can uncover universal patterns in human cognition as well as culture-specific variations. This is useful in fields like cognitive linguistics. It helps examine how language and thought are interconnected. It also helps linguists understand the mental processes behind language use and the conceptual frameworks that underlie linguistic expressions. Additionally, especially in counseling, understanding clients' use of metaphors can provide insights into their mental and emotional states, aiding in therapeutic interventions. Consequently, CMT helps researchers uncover the deep connections between language, thought, and culture, providing tools to analyze and interpret human cognition and communication.

All in all, figurative language, including metaphor, is used all the time in our daily conversations. Moreover, we are able to understand it with ease. The reason behind the use of figurative language such as metaphor is that it serves a variety of functions in all types of communication including mental health, e.g., explaining one's self to others, expressing feelings, and, clarifying abstract concepts, thus allowing insights into

speakers' hidden attitudes and emotions (Cameron, 2008; Colston, 2015; Knowles & Moon, 2006; Low, 2008; Semino et al., 2018). Metaphorical expressions have been used in various discourses both in writing and speech. People frequently express their thoughts through using metaphorical expressions whether or not they are aware of it. Oftentimes, most of our understanding of abstract things such as "pain" comes in the form of metaphor in order to convey the best meaning. Therefore, using metaphorical expressions can be an effective tool to help understand abstract concepts that cannot be easily explained in literal words as studied in many metaphor studies to better understand patients' feelings, involving various kinds of illnesses as shown later in the following subheading 2.1.5 (Studies on metaphor).

Using metaphorical expressions is one of patients' choices to resort to whenever they have to express their inexplicable thoughts. Conceptual metaphor has increasingly been crucial for all scholars who have interests in gaining insights into patients' abstract feelings. Conceptual metaphor can be proved valuable by its appearance in plenty of academic studies. Big names such as Jonathan Charteris-Black (2012) and Semino et al. (2017, 2018), whose contributing articles have been largely cited by the researchers worldwide, have also investigated into patients' metaphor use concerning both physical and mental illnesses. At least, their works allow us to have more understanding of patients' pain through the use of metaphor in the natural settings and might also change people's attitudes towards the patients. This is the reason why a cognitive linguistic study on conceptual metaphor cannot be ignored for it can still help people more or less in some way.

2.1.2 Universal trends and culture-specific conceptualization of conceptual metaphor

People normally use and interpret figurative meaning, e.g., metaphorical expressions, by referring to their ordinary embodied experiences either past or current; thus, metaphor analysis based on cognitive linguistics usually depends on particular

cultures' "experiential focus", sometimes yielding different metaphorical conceptualizations such as those for certain emotions and illnesses (Kövecses, 2005). Conceptual metaphor is understood in a particular society since speakers and hearers share the same contextual beliefs; thus, culture plays a very importance role in how metaphorical expressions have meaning in certain settings rather than being just a tool for communication (Mac Cormac, 1985). According to Yu (2008), the universality of conceptual metaphor results from humans' common bodily experiences and functions; however, there can be variations in metaphor use across cultures, depending upon particular cultural understanding and interpretation (i.e., culture-specific conceptualization). Kövecses (2017) also highlights that, due to the universality of human body and brain, the metaphorical structures are then predominantly universal; as can be explained by various conceptual metaphors including KNOWING IS SEEING that is prevalent among unrelated languages. Our "embodied experience" or what is perceived as direct physical bodily experience, following Lakoff and Johnson's term (1980), is not just the issue dealing with bodily experiences; cultural background cannot be ignored for the occurrence of every experience.

In the case of culture-specific conceptualization, cultural distance is viewed to affect the nature of the underlying conceptual metaphors. In other words, if two cultures are farther away from each other in distance, they tend to yield different conceptual metaphors, thus resulting in various linguistic forms (Trim, 2007). The conceptual metaphor underlying elements are considered the beginning mark in order to investigate into universal trends among a variety of conceptual metaphors. Trim (2007) highlights that the assumptions about conceptual metaphor universality have considerably been paid attention, especially in the studies by Lakoff (1987) and Johnson (1992). Drug-taking issue, for instance, yielded WAR conceptual metaphors against the use of drugs among various countries, including European languages. The example of the metaphorical concept against drugs is "dirty" in which many countries use "dirty" to refer to "drugs" since drugs are illegal as illustrated in the following statement: the cocaine trade is *dirty* and dangerous. This use of the same concept around the world truly indicates

"metaphoric networking" across different languages, resulting in universality of metaphor. TIME IS MONEY is another universal conceptual metaphor. It originates in how we think of TIME as "economy" in association with our daily experience, so we can produce many metaphorical expressions such as "save time", and "spend time", just as we use these verbs with MONEY (Ritchie, 2013).

Obviously, according to Trim (2007), it is impossible that all cultures and languages always possess the same perspectives on every issue since cross-language variation is also possible in a particular conceptual system. Regarding culture-specific concepts, some customs of a given environment might come into play. Quinn (1991) also asserts that the emphasis should be put on cultures in order to understand the world because cultures are a basis for the investigation into the varied conceptual systems across the world. Trim further mentions a sample model of Lakoff's ANGER = HEAT that has been criticized by many scholars in terms of metaphoric representations that its cultural legacy should be more focused so that cultures can be seen important in metaphor conception. To illustrate culture-specific conceptualization of the concept ANGER, Yu (1995) introduced the obvious Chinese concept GAS (i.e., *yin-yang*, the Chinese philosophical concept of the interplay between two opposite things) instead of the concept HEAT OF FLUID of the English language. In other words, ANGER IS HOT GAS IN A CONTAINER seems to be more prevalent among Chinese rather than ANGER IS HEAT OF FLUID IN A CONTAINER. Due to the prevalence of the *yin-yang* theory in the Chinese cultural setting, the GAS concept is believed to be preferable among Chinese when referring to HEAT that is related to ANGER. The contrast between the fluids and gas thus reveals the cultural-specific aspects of distinct conceptual metaphors. However, the conceptual metaphors as illustrated in both cultures are primarily based on embodied experience, dealing with the same concepts derived from common bodily experience: HEAT, INTERNAL STRUCTURE, and POTENTIAL AND DANGER OF EXPLOSION. Therefore, be it HOT GAS or HEAT OF FLUID, these two cultures still share the same concept HEAT that can be exploded from the inside. According to the universality of emotion conceptual metaphors among unrelated cultures, the physiological aspects of anger thus include increase in

blood pressure and skin temperature; this is the reason why the metaphor ANGER IS HEAT is prevalent in English and many other cultures (Kövecses, 2003) which is still in line with Lakoff's universal trends (Geeraerts & Grondelaers, 1995). Thus, it can be concluded that conceptual metaphors are varied depending on several factors in a particular cultural setting (Kövecses, 2003, 2008b; Ritchie, 2013).

Context is considered an important component in indicating cultural specificity for a metaphor. Context involves physical, social, cultural, and discourse aspects as well as the setting, topic, and personal history (Kövecses, 2008a). Taking the local context into consideration should be an important way in understanding the use of metaphors in natural discourse. Likewise, Lakoff and Johnson (1980) explicitly mentioned in their writing that "the cultural differences can be enormous because each of the concepts in the metaphor under discussion…can vary widely from culture to culture" (p.142). Thus, it suggests that Lakoff and Johnson also view cultural variations important in the use of metaphor. Moreover, Kövecses (2008a) posits that the issue regarding conceptual metaphors and cultures can be solved if metaphorical conceptualization is considered as a process that involves two features: universal embodiment and local context. Therefore, taking cultural variations into account can help eliminate some of the weaknesses of the traditional theory of CMT and make it more flexible (Kövecses, 2008a). Gibbs Jr (2017) summarized his personal thoughts about conceptual metaphors as in the following excerpt (p. 268), illustrating the importance of contexts:

> Conceptual metaphors are not fully activated, one-by-one, in every
>
> instance of their application within human life. People often experience
>
> conceptual metaphors in partial, probabilistic ways depending
>
> on their past experiences, the languages they speak and types of
>
> verbal metaphors they use, their bodily actions, and adaptive challenges
>
> (e.g., their personal and social goals, the contexts they inhabit,
>
> the physical world, etc.).

Language, mind, and culture interactions, in many scholars' views, are therefore significant in metaphor studies these days since they can offer insights into human

understanding in naturalistic contexts. "We now know enough to feel confident in asserting that metaphor is a major player in human cognition, communication, and culture" (Gibbs Jr, 2008, p. 13). Culture, accordingly, plays a crucial role in the formation and understanding of conceptual metaphors within a particular community. Different cultures may emphasize different aspects of experience or use different metaphorical expressions to conceptualize the same phenomena, reflecting cultural variations in thought and language.

To elicit overall DEPRESSION conceptual metaphors in depressed Thai patients' posts along with the most salient ones, this study requires systematic instruments to facilitate the metaphor identification and to calculate the metaphorical salience as follows: the Metaphor Identification Procedure Vrije Universiteit (MIPVU) by Steen et al. (2010), and the salience-based metaphor analysis by Kövecses et al. (2015). These tools are further explained in the following sections: 2.1.3 and 2.1.4 respectively.

2.1.3 Metaphor Identification Procedure

Primarily based on cognitive linguistics, the Metaphor Identification Procedure (MIPVU) by Steen et al. (2010) was adopted to identify Thai depression metaphorical expressions with the aim of possibly avoiding intuitive analysis. This is because an individual's intuition can rarely be a reliable tool, thus resulting in inconsistency of metaphor analysis (Nacey et al., 2019). The MIPVU is a refined version of the well-established Metaphor Identification Procedure (MIP) of Pragglejaz Group (Group, 2007), consisting of the experienced metaphor researchers. However, the MIPVU is added with the VU, standing for Vrije Universiteit—the university where Steen et al.'s research (2010) took place. Some criteria used in MIPVU are the same as those specified for MIP; however, it is claimed to be more exhaustive. It includes other forms of metaphorical expressions such as simile (as in the third step of the procedure below) and implicit metaphor (as in the fourth step). Therefore, while remaining their interest in indirect expressions of

metaphor (as in the second step of this refined MIPVU), the underlying conceptual structures or "metaphor in thought" are more emphasized than in the counterpart.

On the other hand, MIP is claimed to primarily focus on identifying metaphors at the level of language (i.e., linguistic forms of metaphor) by examining whether lexical units (i.e., words) are employed indirectly. Put simply, MIP and MIPVU mutually consist of the first and the second steps (i.e., testing a metaphorically used word or a word that is used indirectly). However, the latter extended the procedure with the addition of step 3 (direct metaphor) and step 4 (implicit metaphor) to cover a wider range of metaphorical forms. Both MIP and MIPVU have been adopted and adapted in several studies to explore the metaphor use in a range of text types, including health communication (e.g., Semino et al. 2017, 2018).

Since this current research involves cognitive linguistics and mental health communication, the MIPVU is thus considered more compatible in terms of its emphasis on conceptual structures of metaphor which involves metaphor in thought. It is also worth using, as a systematic tool, to investigate metaphorical expressions in languages other than English including Thai.

The MIPVU full procedure is as follows (Steen et al., 2010, pp. 25 - 26):

1. Find metaphor-related words (MRWs) by examining the text on a word-by-word basis.

2. When a word is used indirectly and that use may potentially be explained

by some form of cross-domain mapping from a more basic meaning of that

word, mark the word as metaphorically used (MRW).

3. When a word is used directly and its use may potentially be explained by some form of

cross-domain mapping to a more basic referent or topic in the text,

mark the word as direct metaphor (MRW, direct).

4. When words are used for the purpose of lexico-grammatical substitution,

such as third person personal pronouns, or when ellipsis occurs where words

may be seen as missing, as in some forms of co-ordination, and when a

direct or indirect meaning is conveyed by those substitutions or ellipses that

may potentially be explained by some form of cross-domain mapping from

a more basic meaning, referent, or topic, insert a code for implicit metaphor

(MRW, implicit).

5. When a word functions as a signal that a cross-domain mapping may be at

play, mark it as a metaphor flag (MFlag).

6. When a word is a new-formation coined, examine the distinct words that are

its independent parts according to steps 2 through 5.

As listed in the procedure, steps 1 and 2 are the same as MIP. Steps 3 and 4 are added to allow for more exhaustive forms of metaphor. Step 5 deals with an addition of metaphor signals (e.g., "like", "as", etc.) as called "metaphor flag (MFlag)" by Steen et al. (2010). Step 6 is introduced in order to cope with new lexical units. These new-formations or technical terms are not defined in general dictionaries since they contain more than one lexical unit such as "honey-hunting" (p. 41), so they need to be treated as phrases in which each lexical unit is analyzed independently. It should be noted that MIPVU particularly focus on the word, not the phrase, as the unit for metaphor analysis and thus the "word" is called "lexical unit" according to the theory. The terms "indirect", "direct", and "implicit" in steps 2-4 are equipped with further clarification as follows.

Following MIP and MIPVU, "indirect" metaphor (as of step 2) begins with identifying contextual meanings. In order for a lexical unit to be metaphorical, it requires a contrast between its contextual meaning and a more basic meaning. This means that these two meanings should be sufficiently distinct from each other, however understood in comparison with one another, in order for the lexical unit to be considered a metaphorically used word. The contextual meaning of a lexical unit is known as "the meaning it has in the situation in which it is used" (Steen et al., 2010, p. 33). A more basic meaning, according to cognitive perspectives, has characteristics of being "a more concrete, specific, and human-oriented sense in contemporary language use", with less emphasis on its historical meaning (Steen et al., 2010, p. 35). Furthermore, a basic meaning can usually be found in contemporary dictionaries otherwise it is not considered more basic. Let us take ANGER IS FIRE as an example, the contextual meaning of FIRE

is the strong emotion of being angry, while a more basic meaning of this lexical unit refers to burning material. As such, these meanings are considered sufficiently distinct in terms of the definition in the dictionary. However, these two meanings are still related through comparison in which strong emotion of ANGER can be compared to the heat of FIRE.

Regarding "direct" metaphor (as of step 3), a lexical unit is not indirectly used as in indirect metaphor. Instead, it is used directly and indicated by signals such as "like" as a marker of simile. Two distinct concepts of this form of metaphor should be a source domain on the one side and a target domain on the other to indicate a cross-domain mapping (Steen et al., 2010). The term cross-domain mapping, as called in MIPVU, also refers to the conceptual mapping between the source and target domains due to their conceptual similarities. Contrary to indirect metaphor, this form of metaphor is expressed through "direct" language instead of looking into the contrast between the contextual and basic meanings of the lexical unit under analysis (Nacey et al., 2019). As an example, "a depressed person is like a tree that has already withered" provides the same meaning for both the contextual meaning and the more basic meaning of the lexical unit "tree", to which a "depressed person" is compared. In this case, the signal word "like" indicates a mapping between two domains (i.e., depressed person and tree). This is termed a "metaphor flag", according to the MIPVU procedure.

Another form of metaphor is "implicit" metaphor (as of step 4). Unlike the other forms of metaphor as previously explained, implicit metaphor contains no words suggesting metaphor explicitly. This metaphor involves "substitution" (e.g., pronouns) and "ellipsis" (Steen et al., 2010, p. 39). Despite the lack of an obvious lexical unit, it is still essential that we take into account both "substitution" and "ellipsis" since these elements can indicate implicit metaphor in terms of referring back to the previous metaphorical concept.

Concerning the application of MIPVU to the current study, some modification was made regarding dictionaries in order for the tool to be applicable to Thai language. The Thai national dictionary https://dictionary.orst.go.th/, an online contemporary dictionary, was selected as a main resource of reference to suit the Thai context and facilitate the

search for a basic meaning of Thai words in cases of doubt. This standard Thai dictionary provides clear-cut word meanings with illustrative examples, resulting in reliability in derivation of a contextual meaning of a word under analysis. Moreover, it is considered the best alternative that is available for Thai language instruction since it compiles vocabulary words used in everyday speech and writing. The main purpose of this dictionary is for Thai language users to use Thai words correctly in order to preserve the identity of Thai language and culture.

2.1.4 Salience-Based Metaphor Analysis

In order to obtain the most salient conceptual metaphors for DEPRESSION, this study followed the salience-based metaphor analysis developed by Kövecses et al. (2015). Based on corpus and cognitive linguistic perspectives, Kövecses et al. (2015) argue only word frequencies calculated for the most frequent conceptual metaphors for a particular target concept, as found in common corpus linguistic studies, are not sufficient to represent the most prominent conceptual metaphors. They then proposed a more complex procedure for investigating metaphorical salience, with the following three factors below (p. 344):

1. The number of mappings, or correspondences, in a

conceptual metaphor.

2. The type frequency of linguistic expressions belonging to

a conceptual metaphor.

3. The token frequency of linguistic expressions belonging to

a conceptual metaphor.

The first factor requires the total number of conceptual mappings within the source domain. Let us consider the conceptual metaphor ANGER IS A CONTAINER as an example. The source domain CONTAINER can, for instance, consists of these conceptual mappings: GROWING INTENSITY IS THE RISING OF THE LIQUID IN THE CONTAINER

and LOSING CONTROL IS THE LIQUID GOING OUT OF THE CONTAINER. Therefore, all the conceptual mappings in association with the source domain CONTAINER should be counted accordingly. As illustrated, it can be concluded that the source domain CONTAINER has two conceptual mappings within its domain.

As regards the second factor, type frequency also needs to be calculated. According to the salience-based metaphor analysis based on type-token distinction, "type" refers to different linguistic expressions (or metaphorical expressions in this study) that belong to each conceptual mapping. To illustrate, the conceptual mapping LOSING CONTROL IS THE LIQUID GOING OUT OF THE CONTAINER may contain following metaphorical expressions: "anger spills out" and "burst of anger". The type frequency of conceptual mapping LOSING CONTROL IS THE LIQUID GOING OUT OF THE CONTAINER thus yields a total number of two types (i.e., anger spills out and burst of anger), regardless of how many times the two metaphorical expressions occur in the corpus.

Token frequency is another factor that comes into play when looking into metaphorical salience. "Token" involves all the occurrences of metaphorical expressions. For example, if the metaphorical expression "anger spills out" appears ten times in the corpus, then there are ten tokens of "anger spills out".

After each calculation (i.e., number of mappings, types, and tokens) is performed separately for each conceptual metaphor, along with its percentage, an aggregate value is subsequently calculated. An aggregate value derives from the sum of all three percentages. An aggregate value represents the metaphorical salience of each conceptual metaphor. Therefore, a conceptual metaphor with the highest aggregate value is considered the most salient conceptual metaphor.

For a clearer understanding of all three factors (i.e., conceptual mappings, types, and tokens) regarding their position within a conceptual metaphor, an illustration of all examples given above is provided as follows:

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┌─────────────────────────────────────────────────────────────┐
│     Conceptual metaphor: ANGER IS A CONTAINER               │
└─────────────────────────────────────────────────────────────┘
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Conceptual mapping: GROWING INTENSITY IS THE RISING OF THE LIQUID IN THE CONTAINER

Conceptual mapping: LOSING CONTROL IS THE LIQUID GOING OUT OF THE CONTAINER

(= 2 conceptual mappings under the conceptual metaphor **ANGER IS A CONTAINER**)

Type: anger spills out **+** Type: burst of anger

(= 2 different types under the conceptual mapping LOSING CONTROL IS THE LIQUID GOING OUT OF THE CONTAINER)

Token: anger spills out

If appears ten times, count all the occurrences

(= 10 tokens of "anger spills out")

Figure 1 Illustration of conceptual mappings, types, and tokens

2.1.5 Studies on metaphor

To get closer to how the research on conceptual metaphor in the field of illnesses is conducted, some interesting studies are discussed as follows:

Rechsteiner et al. (2020) conducted ethnopsychological research in four different communities affected by historical trauma and natural disaster (i.e., Brazil, India, Poland, and Switzerland) in order to investigate trauma conceptual metaphors in each rural area and cross-culturally contrast the findings obtained from their metaphor analyses. Similarities of the findings can be found in shared metaphorical concepts among these diverse cultures such as WOUND. All groups expressed their psychological trauma in association with a physical wound because the trauma gives them painful and hurtful feelings. Metaphorical expressions associated with the conceptual metaphor WOUND

found in this study include, for example, "scars that stick to the soul", "mental injury", "feeling the pain internally", and "splinter/knife in the heart".

The findings obviously unveiled universal characteristics of conceptual metaphors across different cultures even though the informants did not live in the same setting, thus reflecting the relation between their psychological conceptions and common physical experiences. Regarding cultural-specific characteristics of conceptual metaphors owing to diverse sociocultural and historical contexts, some distinct metaphorical expressions were also found across cultures. For instance, concerning the BURDEN metaphorical concept, each community revealed various choices of expressions such as "heavy fight", "biographical backpack", "mental burden" and "carrying one's own cross". It can be clearly seen that different groups have different perspectives; BURDEN is related to a lot of viewpoints such as warfare and religious beliefs. The variations of metaphorical expressions might derive from different events the participants experienced.

Trauma conceptual metaphors also interested other researchers. Stanley et al. (2021) interviewed participants in the United States in order to investigate their metaphorical expressions in discussing traumatic experiences caused by COVID-19 pandemic. However, unlike Rechsteiner et al.'s work (2020), the interviewees for this study were from the same country and were equipped with specific metaphors to be used (i.e., COLOR and ANIMAL). The results from metaphor analysis revealed four mental models (i.e., uncertainty, danger, grotesque, and misery) along with four emotions (i.e., grief, disgust, anger and fear) elicited from the informants' descriptions. Regarding UNCERTAINTY, the participants mentioned insects such as bedbugs that "come out of nowhere" (p.1895), meaning that they were not able to control the virus due to its unpredictability. Next, DANGER was related to the red color to refer to the caution to the virus as the pandemic was "like an alarm" (p.1895). The code GROTESQUE means something disgusting as in this expression: "pale neon green" (p.1896). MISERY exhibits pain and hardship as in the following sample sentence: "I give it red because it's hot…and put a lot of people out of work" (p.1895).

The emotion GRIEF consists of dark colors such as black to represent "loss" and "depression". DISGUST refers to an ugly animal such as a hyena since "it's a disgusting thing to deal with" (p.1897). Another emotion is ANGER, representing "frustration" as the "red" color. Some sample expressions include "it's very harsh and fast…it's not smooth. It's very aggressive" and "a lot of people are angry that they can't work" (p.1897). When mentioning FEAR, participants thought of animals they were afraid of such as snakes and cockroaches as in this expression: "casting shadow over us…it's deadly and scary" (p.1898). From the analysis of metaphor, the authors concluded that the elicited mental models might provide great connection with the participants' hidden emotions. Moreover, the researchers believed that understanding participants' emotions through the use of metaphors might comfort them during the collective trauma by providing social support and advice or encouraging self-care during the event, leading to self-resilience during or after the trauma.

Culture-specific conceptualization is also another interesting issue for metaphor studies. Lendik et al. (2017) conducted interviews with the Semai minority group since understanding of health and illness between the villagers and health professionals had still been limited. The researchers allowed the participants to express their feelings naturally without direct request for metaphorical expressions. Two prevailing conceptual metaphors elicited from the interviews are HEALTH IS UP and ILLNESS IS DOWN. Both indicate universality since they were initially found in previous research (e.g., Lakoff & Johnson, 1980). Another universal conceptual metaphors reported in this study include HEALTH IS LIGHT and ILLNESS IS DARKNESS, in which LIGHT indicates good health whereas DARKNESS refers to unhealthiness.

ILLNESS IS A LIVING THING is another conceptual metaphor, illustrating that an abstract idea of illness is viewed as a living organism that can eat us as in the following statement: "…this one eats from the inside" (p.70). Similar to many other studies concerning health, illnesses are conceptualized as a war as follows: "Despite the specialist doctor's help, we have lost" (p.71). However, some conceptual metaphors are considered culture-specific related to this indigenous community. For instance, the Semai

believe that blood clots are alive and can harm their body. The Semai also believe that when someone is ill, it means their soul is weakened as in this sentence: "our soul has been weakened" (p.73).

Similar to Lendik et al.'s study (2017), DARKNESS was also found in the work of Çekiç and Yüksel (2021). Nursing undergraduates perceived mental illnesses as UNCERTAINTY, DESPERATION, and DAMAGING ELEMENT. Examples of the most frequent metaphorical expressions from these three categories include "weather forecast", "darkness", and "cancer". The researchers concluded that these conceptual metaphors revealed nursing students' negative perceptions towards mental illnesses. They suggested that the emphasis should be put more on the awareness of mental disorders throughout the students' educational process in order for them to develop positive attitudes towards patients with mental illnesses. Proper knowledge could eliminate students' fear and prepare them for an effective healthcare service in their future.

Munday et al. (2020) conducted a qualitative study on conceptual metaphor in chronic pain. Similar to the findings of Çekiç and Yüksel (2021), the concept PHYSICAL DAMAGE was also revealed when discussing pain. The informants revealed that they felt like being "hit" by motor vehicles such as "crushed by a car". Nevertheless, other concepts were also reported such as HEAT and SHARP OBJECTS as in "stabbed with a hot poker". COMMON PAIN EXPERIENCES was another source domain that participants informed. The participants explained their pain by using common experiences such as "broken bones" or other "painful concrete injuries" in order to make it more concrete so that listeners were able to comprehend the pain easily.

Another important contribution of metaphor studies can be seen in Semino et al.'s work (2017) regarding the empowerment of VIOLENCE and JOURNEY metaphors. The results revealed that patients with cancer employed metaphorical expressions related to both concepts more frequently than health professionals did, based on their writing on a UK-based website. It can be assumed that health professionals are aware of disadvantages of VIOLENCE metaphors that may affect patients' sensitivity. It is true that some patients might perceive themselves in association with "defeat", regarding terminal

cancer diagnosis. However, they also used VIOLENCE-related metaphorical expressions to encourage one another as "fighters" against cancer.

Similarly, patients used JOURNEY-related metaphorical expressions in both empowering and disempowering ways. Regarding positive aspects of this metaphor, patients viewed other authors as their travelling companions. However, in terms of negative perception, patients perceived themselves as a traveler on a "difficult journey" as in this expression: "many twists and turns". This research suggests that both VIOLENCE and JOURNEY concepts may benefit patients in particular situations. Therefore, we should focus on the function of metaphors in particular contexts.

Significant studies following Lakoff and Johnson's (1980) Conceptual Metaphor Theory (CMT) were also conducted in the Thai cultural context as follows:

Wongthai (2018) analyzed the concept of "fighting" embedded in Thai language use. Conforming to her analysis, various concepts including "illness" and "emotion" were found in accordance with the concept under investigation. The concept "fighting" appeared to help understand more abstract concepts. Physical experiences with fighting have existed since a long time ago, thus resulting in the Thais' persistent familiarity with the concept. Adhering to their daily events and fundamental concepts, the findings revealed that the concept helps convey a desire to beat the opponents, a desire to gain something and even a desire to get rid of the opponents (e.g., a desire to eliminate illnesses and anger). The author concluded that "fighting", however, is a universal concept which is not restricted to Thai language since this concept can occur in any languages such as AN ARGUMENT IS WAR in English proposed by Lakoff and Johnson (1980, p. 4).

Eakapont and Wongpinunwatana (2014) investigated conceptual metaphors of the concept SUFFERING in Thai language elicited from Thai National Corpus and blogs. Their findings revealed more concrete concepts were displayed in order to understand the more abstract concept SUFFERING. For instance, SUFFERING IS A PLANT indicates its growth inside human's body and mind, wrecking our necessary minerals. SUFFERING IS FIRE demonstrates that the heat burning our mind needs to be extinguished. SUFFERING

IS A FIERCE ANIMAL is another conceptual metaphor viewing SUFFERING as a coldhearted animal who harms us by instinct.

Also based on the framework of Lakoff and Johnson (1980), Udomphan et al. (2013) studied the viewpoints of ILLNESS appeared in the pharmaceutical and medical discourse in the Southern Thai dialect. Among all conceptual metaphors found in the research, ILLNESS IS A SPIRIT appears to be interesting, taken the explanation into consideration. This conceptual metaphor underlies the local beliefs in spirits. Typically, Southern Thai natives believe that spirits, with all their mysterious power, can both bless and harm people. For this reason, spirits are always blamed for all illnesses that cannot be explained scientifically.

Lastly, among early studies concerning conceptual metaphors of illnesses in Thailand, Petchkij (2008) conducted her doctoral dissertation with the intention to find out conceptual metaphors in cancer discourse. Nine conceptual metaphors in patients' discourse are as follows: CANCER IS A GERM, CANCER IS A WEED, CANCER IS A BAD ANIMAL, CANCER IS A FRIEND, CANCER IS A DISASTER, CANCER IS AN ALIEN OBJECT, CANCER TREATMENT IS A WAR, CANCER TREATMENT IS A JOURNEY, and CANCER TREATMENT IS A GAME. All these conceptual metaphors are also in accordance with those of doctors' discourse except CANCER IS A FRIEND, CANCER TREATMENT IS A JOURNEY, and CANCER TREATMENT IS A GAME. Interestingly, the findings also revealed that patients used different metaphorical expressions to convey different purposes. For instance, patients used the metaphorical expressions related to FRIEND in order to 1) share their cancer experiences 2) comfort themselves or each other and, 3) complain, be sarcastic, and succumb to the illness.

As can be seen from the above studies, both physical and mental illnesses are of much interest among many scholars. Not restricted to English language, conceptual metaphors within various languages have also garnered researchers' attention worldwide as the data were obtained from participants living in different countries. These studies, more or less, help enhance the understanding of how one thinks and feels through conceptual metaphor. As Munday et al. (2020) highlight in their research that pain cannot

be measured obviously, one thus expresses pain through the use of language or non-verbal expressions to make listeners better understand their illness torture. Therefore, metaphorical expressions may be considered beneficial for describing chronic pain so that patients can make known their pain freely to those associated with them such as family carers and health professionals.

2.2 General Knowledge of Depression

2.2.1 Contributing factors and symptoms

Depression (major depressive disorder) is a common and serious mental illness that negatively affects many people worldwide. Depression derives from the complex interplay of biological, psychological, and social factors such as brain's chemical imbalance, trauma, and unemployment (ChulalongkornHospital, 2017; Lotrakul, 2014; ManaromHospital, 2022; PhyathaiHospital, 2020; Praram9Hospital, 2021; WHO, 2021). Risk factors for depression, according to the American Psychiatric Association (Torres, 2020), are illustrated in the following table.

Table 2 Risk factors for depression

Biochemistry	Differences in certain chemicals in the brain may contribute to symptoms of depression.
Genetics	Depression can run in families. For example, if one identical twin has depression, the other has a 70 percent chance of having the illness sometime in life.
Personality	People with low self-esteem, who are easily overwhelmed by stress, or who are generally pessimistic appear to be more likely to experience depression.
Environmental factors	Continuous exposure to violence, neglect, abuse, or poverty may make some people more vulnerable to depression.

Source: Torres (2020)

Taking all these major factors into consideration (i.e., genetic, social, and environmental origins of depression), no single factor can provide a complete explanation for the occurrence of depression since several factors can play a role in developing depression. However, regarding social and environmental factors, "childhood sexual abuse" and "bullying victimization" are revealed as major causes of depression according to the World Health Organization (WHO, 2022). Undoubtedly, people can develop depression at any point of life. Most patients with depression typically started their onset of a depressive episode shortly after traumatic events involving loss, stressful life, humiliation, neglect, and extreme disappointment (Herrman et al., 2022). While some people experience just one episode of depression in their lives, others undergo repeated episodes, and possibly persistent distress for long periods of time.

Depression can lead to a wide range of emotional and physical issues and can worsen patients' ability to function normally both at work and at home. Patients affected by this mental illness have difficulties in doing things on a daily basis, ranging from going to work to even getting simple tasks done, due to lack of energy and loss of interest or pleasure in activities. They tend to avoid joining social activities. They also have trouble sleeping and develop eating disorders. The patients' brain chemicals are disturbed, thus resulting in the inability to think positively and enjoy things. Depressed mood found in patients with depression can be described as a combination of desperate feelings associating with, for instance, sadness, emptiness, and, hopelessness.

Even though the experience of depression can take many forms among individuals, the main experience of the illness is very similar across cultures. According to the American Psychiatric Association (Torres, 2020) and the World Health Organization (2021), depression symptoms can be categorized as mild, moderate, and severe, depending on the severity of the impact on the individual's functioning. Common symptoms typically found in patients with depression are as follows: having a persistent depressed mood or intense sadness or despair, insomnia or hypersomnia, withdrawal from usual activities, lack of energy or increased fatigue, feelings of excessive guilt or low self-worth, changes in appetite or weight, poor concentration and difficulty making

decisions, feelings of hopelessness and helplessness, and thoughts of death or suicide attempts due to inability to cope with the pain of depression (NIMH, 2021; Torres, 2020; WHO, 2021). During a depressive episode, an individual experiences significant distress and difficulty in personal, social, educational, occupational, and other important areas of daily functioning. Eventually, patients with severe depression can become anhedonic or feel totally empty about things surrounding them (Gilbert, 2007).

Depression is also present with other mental illnesses such as bipolar disorder (Herrman et al., 2022). For instance, individuals diagnosed with bipolar disorder also experience a major depressive episode. Besides an episode of major depression, the other prominent mood episode of bipolar disorder is called mania (found in bipolar I disorder) or hypomania (found in bipolar II disorder); the difference between these two manic symptoms is that hypomanic symptoms are less severe than manic ones. In both types of bipolar disorders, depressive episodes alternate with periods of manic symptoms, which include euphoria or irritability, increased activity or energy (e.g., restlessness, working on several projects at once), and other symptoms such as increased or faster speech, uncontrollable racing thoughts, increased self-esteem, decreased need for sleep, distractibility, and impulsive reckless behavior (Lotrakul, 2014; NIMH, 2022; Tohen, 2021; WHO, 2021). Each episode usually lasts a week or two, or sometimes longer. Nevertheless, patients with bipolar disorder also generally have periods of neutral mood in which mood returns to a healthy baseline (NIMH, 2022; Tohen, 2021). All in all, when it comes to depressive episodes, patients with bipolar disorder also suffers greatly from depression, identical to depressed individuals. However, they are treated with different medications from those diagnosed with a unipolar, i.e., major depressive disorder (Raj et al., 2019).

2.2.2 Diagnosis of major depression and treatment

Major depressive disorder is one of the mental illnesses that needs to be treated for better recovery (Lotrakul, 2014). Unlike normal sadness that can naturally disappear

depending on particular situations and factors, individuals with major depression require medical treatment, the same as for other illnesses that can also be treated under physicians' consultation. Distinguishing between general sadness and major depression is thus very important in order to assist depressed people in getting the help, support, or treatment they need. The evaluation for depression is typically conducted with identifying specific symptoms and exploring medical and family histories as well as cultural and environmental factors of each depressed individual, with the goal of arriving at a correct diagnosis and planning an appropriate course of treatment (Torres, 2020). The medical interview is considered the key to the effective assessment of major depression. While keeping a good rapport with the patient during the interview, physicians should also detect the patient's nonverbal cues of depression: downcast eyes, slow speech, wrinkled brow, or a tearful affect (Raj et al., 2019); moreover, physicians should initially respond empathically to this distress expressed through the patient's appearance by empathic statements, such as "I can see you're having some trouble", or "It sounds like you've been under a lot of stress lately" so that the patients feel comfortable to share the feelings underlying their depressive illness.

According to the Lancet–World Psychiatric Association Commission, the presence of at least one of the first two bullet points for each list of criteria is required for a diagnosis of major depression, following either ICD-11 or DSM-5 as shown below. The DSM-5, currently used by psychiatrists worldwide, also emphasizes that at least five symptoms listed in the criteria must be simultaneously present for at least 2 weeks and that the symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of regular functioning (Herrman et al., 2022).

Table 3 ICD-11 and DSM-5 diagnostic criteria for depressive episode

International Classification of Diseases and Related Health Problems, 11th revision (ICD-11)	American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5)
• Depressed mood as reported by the individual (eg, feeling down, sad) or as observed (eg, tearful, defeated appearance). In children and adolescents, depressed mood can manifest as irritability.	• Depressed mood most of the day, nearly every day, as indicated by either subjective report (eg, feeling sad, empty, or hopeless) or observation made by others (eg, appears tearful). In children and adolescents, this mood can manifest as irritability.
• Markedly diminished interest or pleasure in activities, especially those normally found to be enjoyable to the individual (eg, a reduction in sexual desire).	• Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation).
• Reduced ability to concentrate and sustain attention to tasks or marked indecisiveness.	• Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others).
• Beliefs of low self-worth or excessive or inappropriate guilt that might be manifestly delusional.	• Feelings of worthlessness or excessive or inappropriate guilt (which might be delusional) nearly every day (not merely self-reproach or guilt about being sick).

Table 3 (Continued)

International Classification of Diseases and Related Health Problems, 11th revision (ICD-11)	American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5)
• Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation (with or without a specific plan), or evidence of attempted suicide.	• Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.
• Substantially disrupted sleep (delayed sleep onset, increased frequency of waking up during the night, or early morning awakening) or excessive sleep.	• Insomnia or hypersomnia nearly every day.
• Substantial change in appetite (diminished or increased) or substantial weight change (gain or loss).	• Substantial weight loss when not dieting or weight gain (eg, a change of more than 5% of body weight in a month) or decrease or increase in appetite nearly every day. In children, this can manifest as an inability to make expected weight gain.
• Psychomotor agitation or retardation (observable by others, not merely subjective feelings of restlessness or being slowed down).	• Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down).
• Reduced energy, fatigue, or marked tiredness following the expenditure or only a minimum of effort.	• Fatigue or loss of energy nearly every day.
• Hopelessness about the future.	

Source: Herrman et al. (2022, p. 963)

Based on the criteria above, the patient health questionnaire (PHQ9) is an assessment and severity tool that has been validated for a diagnosis of major depression in general medical as well as specialty psychiatric settings. The tool is widely used to

track patients' symptom severity and improvement over time (Lotrakul, 2014; Raj et al., 2019). The questionnaire used to diagnose major depression usually consists of following questions:

Table 4 The Patient Health Questionnaire

The Patient Health Questionnaire (PHQ9)
Over the last 2 weeks, how often have you been bothered by any of the following problems?
1. Feeling down, depressed, or hopeless?
2. Little interest or pleasure in doing things?
3. Trouble falling or staying asleep, or sleeping too much?
4. Feeling tired or having little energy?
5. Poor appetite or overeating?
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down?
7. Trouble concentrating on things, such as reading the newspaper or watching television?
8. Moving or speaking so slowly that other people could have noticed? Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual?
9. Thoughts that you would be better off dead or of hurting yourself in some way?

Source: Raj, Christensen & Feldman. (2019)

The Thai version of the patient health questionnaire (PHQ9) based on DSM-5 diagnostic criteria, developed by the faculty of Medicine, Ramathibodi Hospital (https://www.rama.mahidol.ac.th/infographics/76), has also been of great help in Thai psychiatry in order to diagnose if a person is prone to have depression. The infographic of the 4-Likert-scale PHQ9 below, in accordance with Table 4 (i.e., English version), illustrates a total of nine symptoms that can be used effectively to diagnose the severity of depression in a depressed individual.

Figure 2 The Patient Health Questionnaire: PHQ9 (Thai version)

Source: Faculty of Medicine, Ramathibodi Hospital

To be diagnosed with major depression, a depressed individual must have at least five out of nine depression symptoms for most of the day, nearly every day, for at least two weeks. Furthermore, one of the symptoms must be either the first or the second item in the list, i.e., a persistent depressed mood or loss of pleasure in almost all activities (Herrman et al., 2022; Lotrakul, 2014; NIMH, 2021; Raj et al., 2019; Torres, 2020; WHO,

2021). As a result of depression evaluation according to the criteria, a person can be diagnosed with one of these levels depending on the severity of depression: not clinically depressed, mild depression, moderate depression, severe depression. The more intense the depression is, the more person's daily function is affected. Therefore, for accurate diagnosis and treatment, a depressed person needs to consult mental health professionals directly.

Fortunately, like other mental illnesses, depression is treatable. Approximately 90% percent of patients with depression, according to the American Psychiatric Association, eventually respond well to treatments (Torres, 2020). Nowadays, there are many effective treatments for depression. Common treatments for depression include medications, psychotherapy, and brain stimulation therapy. Depression treatment can typically involve either medication or psychotherapy, or both. If the depressed individuals do not respond well to neither medications nor psychotherapy, which are basic treatments for mental illnesses, brain stimulation therapy may be another treatment to opt for (NIMH, 2021; Raj et al., 2019; Torres, 2020).

1. Medication

For the treatment of depression, antidepressants are common medications generally prescribed to help modify patients' brain chemistry. Antidepressants may produce some improvement within two weeks of use; however, full benefits of medications usually occur within three months (Torres, 2020). After the depression symptoms have eventually improved, patients are typically prescribed with lower doses for a certain period of time until the treatment ends; this is to avoid recurrence of the illness (Lotrakul, 2014).

It is not recommended for patients to stop taking medications abruptly otherwise severe withdrawal symptoms can occur (NIMH, 2021). Antidepressants are not the first line of treatment for mild depression and should be used with extra caution in children (WHO, 2021). However, it should be noted that depression can be recurrent in some patients so that they have to take antidepressants for a long period of time or throughout their whole life.

2. Psychotherapy

Psychotherapy (talk therapy) is sometimes used alone for treatment of mild depression; however, for moderate to severe depression, psychotherapy is often used in conjunction with antidepressant medications (Torres, 2020; WHO, 2021). Psychotherapy typically occurs with licensed and trained mental health professionals (i.e., psychotherapists) in either one-on-one sessions or a group setting. Among standard psychological treatments, Cognitive behavioral therapy (CBT) has been widely adopted nowadays in treating depression.

CBT is a form of therapy that focuses on solving problems in the present. It helps a person to recognize negative thinking with the goal of changing thoughts and behaviors in order to cope with uncomfortable situations in a more positive manner (NIMH, 2021; Torres, 2020). The treatment can take from a few weeks to 15 sessions, depending on the severity of the depression.

3. Brain stimulation therapy

Brain stimulation therapy is another option for patients, particularly with severe major depression, who do not respond to other depression treatments (Herrman et al., 2022; NIMH, 2021). The most common form of brain stimulation therapy is electroconvulsive therapy (ECT) which has been used since the 1940s. It involves brain stimulation directly with electricity while the patient is under anesthesia (Torres, 2020).

Despite all treatments available for major depression, it is also necessary that patients do regular exercise, get enough quality sleep on a daily basis, and have a healthy diet to help reduce the symptoms of depression. Depression might be recurrent in some patients. Therefore, effective screening tools such as the Patient Health Questionnaire-9 can be useful to fully assess their symptoms (Herrman et al., 2022).

2.3 Depression Conceptual Metaphors from Patients' Lived Experience

As the current research concerns corpus linguistics in a way that data were collected for a specialized corpus of depression metaphorical expressions, it is thus worth mentioning how corpus linguistics is related to the investigation into conceptual

metaphors. Conceptual metaphor is a linguistic and cognitive phenomenon that can be understood by large systematic analysis of naturally-occurring data or authentic texts within corpus linguistics research. Semino (2017) states many metaphor studies usually put an emphasis on forms, functions and implications in certain text types or particular genres; therefore, metaphor is often analyzed using researchers' specialized corpora. According to Deignan (2008), corpus linguistic studies "can yield facts about language use that might otherwise remain hidden" (p. 280). A corpus basically means a collection of written or spoken material which is stored on a computer for the purpose of investigating how language is used (Cambridge Dictionary). The texts compiled in the corpus are usually derived from natural language data "produced in a real communicative context by users of the language" (Semino et al., 2018, p. 281).

A corpus is available to be collected from various spoken or written documents such as newspaper reports. Deignan (2008) further explains that corpora can be categorized into two main groups: "ready-made" corpora and corpora compiled by the researcher. The first type of corpora is large and usually contains a wide range of text types compiled by a number of academic or commercial researchers e.g., the British National Corpus (BNC). The latter however represents the researcher's self-compilation of usually one text type to serve the researcher's own purpose in studying language in a specific context. It is likely to be much smaller in size when compared to the "ready-made" corpora since this specialized kind of corpora is meant to serve in-depth analysis of metaphor.

Consequently, corpus investigations into conceptual metaphors of depression and other mental illnesses, such as Charteris-Black's (2012) corpus of interviews from depressed patients, and Coll-Florit, Oliver and Climent's collection of mental health Spanish blogs published in 2021, are considered self-compiled corpus since this kind of corpus is built with a specific text type (i.e., interviews and blogs respectively). Some corpus-based metaphor studies (e.g., Semino, 2002) concerning cross-linguistics have also investigated the link between metaphor and culture, yielding resemblance and diversity in using metaphors in language and cognition among various cultures, i.e.,

different metaphors can be used in different languages when discussing the same topic, depending on metaphor choice of that particular culture (Deignan, 2008). Accordingly, Szudarski (2018) emphasizes the influence of corpus linguistics on people's mindset concerning the exploration of language and that corpora should be carefully constructed so that they exhibit the intended language compiled for a particular study. In sum, corpus linguistics not only allows deep insights into metaphor use in patients' narratives within a cultural setting which is qualitative in nature, it also facilitates quantitative analysis regarding metaphorical salience.

Several corpus-based metaphor studies have paid attention to the concept PAIN. Since pain that patients are suffering because of their chronic illnesses is difficult to be expressed, figurative language is considered a helpful tool in healthcare communication in order to elicit patients' feelings. It allows patients to "verbalise experiences that could not easily be expressed using literal language" (Semino et al., 2018, p. 2). Conceptual metaphor studies regarding experiences of both physical and mental illnesses have become much of interest worldwide, with the intention to understand complex and sensitive experiences of illnesses in association with simpler ones (e.g., Charteris-Black, 2012; Coll-Florit et al., 2021a; Coll-Florit et al., 2021b; Demmen et al., 2015; Loftus, 2011; Semino et al., 2017; Semino et al., 2018). For instance, reveals in his article that "pain is conceptualized metaphorically in terms of its potential causes". To illustrate the PAIN conceptual metaphor, he provides some examples of conceptual metaphors explored by his own student such as PAIN IS A SHARP OBJECT as in *"A sharp stab of pain made her sit back down"* (p. 8).

DEPRESSION is another abstract concept that is also hard to explain so it has garnered some researchers' attention. The following research intentionally investigated depression conceptual metaphors in patients with depression and other related mental illnesses such as bipolar disorder. These recent studies included participants from a variety of contexts (e.g., cultural backgrounds), resulting in variations on languages and cultures under each investigation over the past decade (2012-2021). The DEPRESSION conceptual metaphors gained from all these analyses allow insights into how depressed

patients think and feel about their mental illness. Moreover, some researchers are also keen on eliciting conceptual metaphor underlying metaphorical expressions used by related stakeholders such as mental health professionals.

Charteris-Black (2012) investigated the conceptual metaphors concerning the target domain DEPRESSION whether there were differences between women and men who had already recovered from depression. The corpus of interviews was from 11 males and 11 females. Regarding metaphor identification, the researcher relied on predominant conceptual metaphor keywords related to patients with depression found in previous studies (e.g., McMullen & Conway, 2002) namely, DESCENT, WEIGHT, DARKNESS, and CAPTOR. Four main conceptual metaphors were: DESCENT, CONTAINMENT AND CONSTRAINT, WEIGHT AND PRESSURE, and DARKNESS AND LIGHT. Both men and women apparently used the same metaphors with similar frequencies. This eventually answers that gender does not affect the use of metaphors in both groups.

Regarding CONTAINMENT concept, the verb "come out" was the most frequently used among the interviews. For instance, the illness is regarded as the container as in "I found myself very boxed in, very sort of trying to worry about everybody else and not myself and it obviously built up and just came out of me at sort of fourteen" (p.207). There appears to be overlapping conceptual metaphors such as DARKNESS and CONTAINMENT as in "what I wanted was just to sit in a dark cupboard" (p.209). PRESSURE is another concept commonly known as the cause of the illness: "I'd been under some pressure from home" (p.209). The author concludes that conceptual metaphor might be useful for understanding the feelings of those experiencing depression.

Similar findings can be found in Mlakar's investigation (2019). Four blogs related to mental health issues were explored (i.e., Bipolarburble, A Splintered Mind, The Mind, and Depression Army). Conceptual metaphors that obtained the highest frequency are 1) DEPRESSION IS WAR, 2) BEING DREPRESSED IS BEING OUT OF BALANCE, 3) DEPRESSION IS A CONTAINER; DEPRESSSED INDIVIDUAL IS THE ENTITY CONTAINED, 4) DEPRESSION IS DARKNESS/ BLACKNESS/ SHADOW; HOPE IS LIGHT,

5) DEPRESSION IS DESCENT, and 6) DEPRESSION IS A BURDEN. WAR represents the most prominent conceptual metaphor. The examples of metaphorical expressions are "depression strikes" and "my battle with depression" (p.46). The second conceptual metaphor is the OUT OF BALANCE, indicating that depression experiencers' feeling is either excessive or insufficient, resulting in their everyday improper function. For example, the statement "my confidence evaporated" (p.49) indicates the patient's difficulty in coping with his own stress and negative emotions.

Regarding the CONTAINER concept, the analysis revealed that those experiencing depression can hardly do common activities that they used to easily do, e.g., getting out of bed due to the constraint, reported in the metaphorical expressions they used such as "trap me back into the shadows", "depression was a black hole", and "I emerged from a prolonged episode of major depression" (p.51). However, the ability to leave the container is perceived as their recovery from depression. Another concept is DARKNESS in which depressed individuals find it hard to escape from and thus they feel hopeless instead since they cannot see the way ahead. Unlike feeling relieved when exposing the sunlight, living in the darkness is full of negative thoughts and feelings. Examples are "my depressions are at their darkest" and "hope…even in the slightest glimmer" (p.53).

The DESCENT concept illustrates the patients' worst condition and they cannot do anything to stop experiencing the lowest point of depression as in "I had hit rock bottom" and "I spent years sinking deeper and deeper" (p.55). As regards DEPRESSION IS A BURDEN, sufferers view depression as weight carried around on a regular basis as in "I felt as if I was dragging weight behind me" (p.56). When depressed people perceive depression is a burden, they lack energy and are eventually unable to even get easy tasks done. In order to accomplish things, they need more effort and time compared to normal people. Therefore, it can be seen that four metaphorical concepts (i.e., CONTAINER, DARKNESS, DESCENT, and WEIGHT) are also prominent in this study, as the same of Charteris. However, there are additional conceptual metaphors which are WAR and OUT OF BALANCE. These two conceptual metaphors appear to be the first two prominent

conceptual metaphors among others. Being a controversial conceptual metaphor, as the author states, WAR requires careful usage regardless of its benefits in the field of medication since it may pose harmful effects on those who feel they are defeated by the illnesses.

WAR can also be found in the work of Coll-Florit et al. (2021b), however with an addition of JOURNEY. DARKNESS, DESCENT and CONTAINER are still prominent in this study. A corpus-based approach was used to investigate the predominant conceptual metaphors in mental health Spanish blogs narrated directly by two stakeholder groups: 1) patients with severe mental disorders, including schizophrenia, bipolar disorder, major depressive disorder, and obsessive-compulsive disorder, and 2) mental health professionals. From the findings, the disorders are conceptualized as LIVING ENTITY, DARKNESS, DESCENT and CONTAINER, as demonstrated in the following statements: "living and cohabiting with my obsessive-compulsive disorder" (p.95), "a dark pit where you can barely see a ray of light" (p.96), "I must try to lift my spirits so I don't fall back into that darkness" (p.96), and "at the bottom of the cave, you do not see the light coming from outside and therefore the way out" (p.97). Another predominant concepts are JOURNEY and WAR as manifested by these metaphorical expressions: "the shadow gets in a way, and I stumble" (p.98), and "fighting stigma and self-stigma in mental health" (p.99).

Concerning conceptual metaphors in mental healthcare professional practice, JOURNEY and WAR appear as the main source domains as in these two examples: "thank you for walking beside me" (p.99), and "I want to show my support for this campaign because this is my struggle and my personal professional dream" (p.100). To conclude, JOURNEY and WAR were found in both groups of participants since relevant metaphorical expressions were used as a cognitive device to deal with discussing the illnesses on behalf of the patients and the professionals. However, these two main conceptual metaphors may not only be able to empower those living with disorders but also demotivate them. For instance, the illnesses are seen as an enemy causing threat and fear like in the actual battlefield.

To specifically gain insights into major depressive disorder or depression, Coll-Florit et al. (2021a) also carried out research on depression conceptual metaphors by compiling a corpus of blog posts narrated directly by the patients diagnosed with depression exclusively. The language under investigation is Catalan. The findings are similar to those found in patients with various severe mental disorders. The metaphorical expressions are categorized within three main topics 1) metaphors of depression, 2) metaphors of interpersonal communication and social context, and 3) metaphors of medicine and professional treatment. The most prominent source domains under the first broad domain include, for instance, WAR, JOURNEY, LIVING ORGANISM, and CONTAINER. The authors highlight that expressing feelings through the use of blogging may empower the patients diagnosed with depression in terms of encouraging positive aspects for their overall well-being.

WAR and JOURNEY concepts were also found in Fullagar and O'Brien's work (2012). Women with depression in Australia were interviewed in order to investigate their use of metaphorical expressions in describing depression and recovery. The first conceptual metaphor is DEPRESSION IS IMMOBILITY. This conceptual metaphor portrays informants' embodied feelings of being stuck in depression and also their inability to get rid of it, as in this statement: "you're in trap… the more you try, the more you get stuck in it, and it's just black, the whole cloud thing, you can't shift the cloud" (p. 1066). DEPRESSION IS A BATTLE is another conceptual metaphor that concerns a battle against the illness towards recovery. An example of a narration is "I'm probably charging a little bit better than I was... It's like the up-hill battle …I don't want to go down the other side, but then again, I don't want to go up another one either" (p. 1066). As the sample quotation illustrates, there appears difficulty in recovering from depression despite the depressed patients regularly receiving necessary treatments for recovery such as medications and psychotherapy. The last concept revealed by the participants is the JOURNEY OF FEELING ALIVE as can be seen in the following narration (p. 1067):

> Each year there are times when you actually have to hike quite solidly
>
> through thick forest, but you might find yourself in an open field
>
> for a little while. And then, at some point you are going to have to

climb up the other side of the valley to get to the next valley…

At some point you come to a peak.

The above excerpt suggests that depressed participants viewed recovery from depression as an ongoing process of dealing with all the unpredictable challenges, occurring throughout the journey towards aliveness and recovery. The authors conclude that their findings might be helpful for mental health clinicians to better understand women's interpretation of their depression experiences through their use of metaphorical expressions.

Unlike other previous studies, COLOR and WATER were found to be the most frequent concepts in the findings of Mirdamadi's work (2019). A phenomenological study was conducted with depressed people in Iran in order to investigate Iranian patients' experiences and compare the results to those carried out in the UK which is research previously done by Ratcliffe (2015). The emphasis of this thesis is the influence of the Iranian culture on shaping the experiences and conceptions of first-person perspectives (i.e., patients with depression) since the researcher claims depressed individuals' experiences and thoughts are derived by their long-lasting cultural perceptions.

Colors appear to be connected with people's various emotions and attitudes in relation to the world. There has been cultural variation in the concept of COLOR, for instance, "blue" is perceived by the English as sadness; however, this color represents calmness for Iranian society. While "grey" is associated to those living in the UK as in "grey world", this reference happens less among the Iranians. This might be due to the difference of climates since Iran has less cloudy weathers owing to its geography. In Iran, water concerns with holiness and power that can conquer difficulties. If the water is not purifying itself, it could turn into a very harmful and deadly trap in which one could fall into as in "it's like a 'dead water', that every moment sucks you in deeper" (p.66).

Another cross-cultural variation between Iran and UK is the association of depression with somatic symptoms. The Iranians tend to relate their mental illness with physical symptoms such as fatigue, sleepiness, and physical weakness as in "I feel like my body gets heavy" (p.162). The dependency on bodily experiences of depression

reveals the Iranians' perception of the physical trait of depression as "real" sickness. Thus, this mental illness must come along with physical ailments so that it can be healed according to the belief of traditional Iranian medication; moreover, this way the Iranian patients then feel their psychological illness is finally accepted and understood when accompanied by concrete symptoms.

In sum, the researcher highlights that variations across cultures are worth investigating in order to gain insight into how experiences are shaped and influenced. This work values the influence of culture that shapes patients' experiences of depression. Despite mentioning the universality of experiences and symptoms across various cultures, she tries to raise awareness that we should not overlook the importance of cultural contexts which lead to how patients perceive their own illness. In her own view, it can be said that cultural backgrounds play the biggest role in shaping how one thinks and even perceives the illness, resulting in cross-cultural variations.

As can be seen from the above studies, most of them share common source domains in association with patients with depression and the illness itself such as WAR, JOURNEY, DESCENT, CONTAINMENT, WEIGHT, and DARKNESS. In line with McMullen and Conway's (2002) claim of universal conceptual metaphors for depression, from the last two decades, the four conceptual metaphors (i.e., DESCENT, CAPTOR, WEIGHT, and DARKNESS) also appear in many recent studies cited above. The reason why these four conceptual metaphors are claimed to be universal and used across different cultures is primarily based on individuals' physical experiences of depression (McMullen & Conway, 2002). To illustrate, the most dominant conceptual metaphor DEPRESSION IS DESCENT derives from our knowledge and physical experience of descent such as being "low" and "down", however indicating extremely negative emotions rather than a physical position.

This conceptual metaphor is also in accordance with Lakoff and Johnson's framework regarding the orientational conceptual metaphors (HAPPY IS UP; SAD IS DOWN) that involve our physical basis as they state "drooping posture typically goes along with sadness and depression, erect posture with a positive emotional state" (Lakoff & Johnson, 1980, p. 15). Accordingly, people tend to physically lie down when being ill

so it can also be thought of feeling down mentally when being depressed (Bartesaghi, 2014). Despite the universal metaphors of depression found in studies of various contexts, culture-specific conceptual metaphors of a particular culture have also been found and should not be ignored so that we can gain most benefits from conceptual metaphors to understand patients in that particular culture.

In order to also improve mental healthcare communication in a Thai cultural context, the researcher's effort aimed to fill this gap by delving further into the conceptual metaphors for depression. This study specifically focused on gathering online posts from Thai patients on depression, the patient narratives compiled in the corpus only included written posts that contained qualitative data directly produced by patients.

2.4 Metaphorical Expressions in terms of Empowerment

2.4.1 Stigmatization of Patients with Depression

Concerning public understanding of depression, depressed patients have always been misunderstood in some particular ways across several cultures including Thai. For instance, depression is not regarded as a real sickness and that patients are just sad at a normal level. Unfortunately, many patients are viewed as exaggerating their sadness. Many people overlook the fact that depression is also an illness in the medical field and that the patients can recover from it if they receive proper treatments, just the same as for other illnesses. Due to the symptoms caused by depression, most patients suffer from fatigue and loss of interests so that they are less capable of doing things they used to; consequently, they are often accused of laziness.

Furthermore, some family members do not understand why patients can become extremely depressed. Stigmatization of depression in Thai society might also arise from the inability of the public to accept depression as a real sickness since physical symptoms related to mental illnesses are not often prominent like physical wounds that can easily be noticed. As a result, patients are seen as a weak person who cannot deal with the problems. Without understanding from people surrounding them, patients might view

themselves as a burden on their family or whom they trust; their depression can then get worse and eventually lead to suicide regardless of genders or ages.

Depression can literally affect anyone. Depression cannot disappear immediately. The treatment of depression takes time until patients gradually feel and function better. Just like patients with cancer, patients with depression should not be seen nor treated as a healthy person. They also need treatment(s) and time to recover because they are also sick. Even though depression is a mental illness that cannot be simply spotted like physical ones, people should be aware that this illness can be treated as well. Most importantly, family members' understanding of the mental illness are considered a significant key to the improvement of the symptoms.

Many patients' family members, particularly in some cultures, are reluctant to accept the diagnosis of depression because of associated social stigma, viewing depressed patients as insane and threatening people. Patients with depression in Thai society also unavoidably carry social stigma, being seen as dangerous, since some people who harm others sometimes claim they have depression as publicized by the mass media. Therefore, due to the social stigma, patients are oftentimes thought of as a bad person even though they have not done anything wrong to the society. Nevertheless, mental health professionals can help overcome this barrier by explaining to patients and their families that depression is a common and treatable illness, like other medical illnesses, with the help of medication and social support (Raj et al., 2019). Through all the hardships and refusals that the patients with depression might have encountered, family carers need to support patients' mental health without blaming them in order for them to be able to live a normal life again .

Since it is known that depression is treatable and that patients can finally get better if they receive proper medications, there exists an alternative way in helping all stakeholder groups better understand patients' feelings and thoughts, that is through metaphorical language. Many patients use metaphorical language in all forms (both spoken and written) and in many social media platforms (including Facebook) with the intention to convey their pain and with the hope that someone might be able to pull them

up from a blackhole they have fallen into. Likewise, many people including mental health professionals and family carers try to gain better insights into how patients think and feel through communication in order to be capable of making them feel more comfortable with their condition and finally deal with it more effectively.

Nowadays, a certain number of patients have still been ignored by their own family members. Not only that their family members are not good listeners, they may moreover hurt patients' feelings with their own words. This is because they might not be aware that some words or expressions might not be appropriate at particular time or for particular patients who do not want to hear such words especially during their lowest moment. The only thing patients with depression might need is understanding from their loved ones. Praram9 Hospital (2021) suggests people should avoid using certain expressions, such as blaming, when talking to patients otherwise patients might feel even more guilty. Also, commanding sentences might not be a good alternative to use with patients, e.g., "don't be weak". When hearing this kind of words or expressions, patients could feel that they are not good enough and do not belong anywhere. The worst case is that some of them might opt for the last solution that they think is best for them to escape from their prolonged agonizing pain, i.e., death. It is the psychological pain that nobody else would ever understand unless they had lived experience of it. Therefore, people should be careful with word choice so as not to exacerbate patients' condition and lose their precious lives.

According to the research on "Suicide Prevention and Self-Harm Reduction in Thailand" conducted by Khon Kaen Rajanagarindra Psychiatric Hospital, Department of Mental Health, the suicide death rate, not including suicide attempts, of approximately 4,000 people each year over the past decade has been reported in Thailand; roughly 90% of suicide deaths in Thailand can be traced back to mental illnesses, most often depression (Yodklang & Tipayamongkholgul, 2020).

Depression can lead to dysfunction and worsen the affected person's life situation. Just as for other health concerns, individuals should seek help for depression as early as possible to help with recovery. Patients' lived experience enables them to be

knowledgeable in understanding this mental illness. This is the reason why they frequently share their experience in their peer-support community, i.e., a Facebook group. Providing encouragement and mental support to patients with depression is crucial to reduce stigma and avoid premature mortality. Patients' supportive environment (i.e., understanding, patience, and encouragement) from all related stakeholder groups such as family carers, health professionals, and the community itself can help patients recover (Gilbert, 2007; NIMH, 2021; Yodklang & Tipayamongkholgul, 2020).

Besides medical treatments, having a companion who is always ready to listen to sufferers' problems without judging them might be the most valuable thing they could ever ask for during their psychological crisis. If patients are given opportunity to express their feelings with whom they trust, they may eventually feel more relieved that at least there is someone they can talk to and they might be more comfortable with other people's opinions as well (Lotrakul, 2014). The fact that conversation with patients is a crucial part that can make them recover from depression inspired the compilation of empowering metaphorical expressions as part of this dissertation, acting as a manual for all stakeholder groups. Metaphorical expressions are frequently found in the medical field including psychotherapy as has been reported by many researchers as one of effective tools in helping elicit patients' abstract thoughts.

2.4.2 Metaphor Therapy and Empowerment

The philosopher David Cooper emphasizes that metaphor is the "cultivation of intimacy" among people and socio-cultural groups . This can be assumed that using metaphorical expressions may be a great alternative in the field of mental healthcare communication. Psychotherapy, for instance, is an essential process in coping with mental illnesses. It is known as the "talking cure" in which conversation happens between therapists and patients (Prochaska & Norcross, 2009). The practice of metaphor is commonly found in psychotherapy, especially in the western societies, since metaphors can yield benefits in communication between therapists and patients (McMullen, 2008).

As regards metaphor use in therapeutic interventions, metaphor, more than just an artistic tool, may facilitate insights in terms of evoking new patterns of consciousness (Erickson & Rossi, 1979) . Metaphor, with its derivation "i.e., meta (beyond, over) and pherin (to bring)", suggests "how new meaning developed within the unconscious is brought over to consciousness by means of metaphor" (p. 56). Also, metaphor is similar to dreams since we can make sense of our inner mind (i.e., psychological state) to others (Freud, 1997).

Metaphor therapy is another kind of therapeutic interventions suggested not only to facilitate communication between patients and therapists but also to help patients change their attitudes towards the problems so that they might be able to cope with their own problems (Dwairy, 2009, 2012; Kopp, 1995). Since metaphor therapy is not restricted to just a single approach, it can be integrated with various therapies such as psychotherapy, psychoanalysis, family therapy, and counseling.

Regarding metaphor and its significant role in counseling, metaphor may facilitate counseling processes in terms of establishing relationship, eliciting and symbolizing patients' emotions, revealing and challenging patients' tacit assumptions, dealing with patients' resistance, and introducing new frames of reference (Lyddon et al., 2001).

McMullen (2008) also mentions some previous studies that viewed metaphor as a facilitative form of language in the process of psychotherapy (e.g., Barlow et al., 1977; Cirillo & Crider, 1995; Fine et al., 1973; Lyddon et al., 2001). In their papers, they similarly suggest that the use of metaphor may help comfort patients to reveal what is difficult for them to express such as their hurtful feelings by not making them feel reluctant to speak. In addition to this, metaphor is capable of finding solutions to problems and helping enhance good collaboration between therapists and clients throughout the therapy. Similarly, McMullen (2008) points out that metaphors can promote mutual understanding and encourage patients to think and express their thoughts freely. According to Combs and Freedman (1990), with metaphor, patients' information can be obtained in a more relaxing way instead of posing direct questions which might make them feel defensive and uncomfortable.

Another popular approach associating with metaphor therapy that McMullen (2008) mentions in her book chapter is the Ericksonian tradition in which metaphors during the therapeutic process can be elicited from clients' exhaustive narratives. To illustrate this tradition, Burns (2001) adopted it by creating a book full of narratives concerning patients' difficulties such as fear, anger, and loss. Furthermore, expected outcomes are also present in this book such as self-care, obtaining goals and self-empowerment. From his work, helpful topics are recommended as guidance for future therapy in order to help ease metaphor development. McMullen (2008) also highlights the importance of the content narrated by the patients because the core of involving them in therapy is to bring out crucial detail about them as much as possible so that therapists might be able to make use of their narratives to cure them.

Metaphor therapy can also be found in psychotherapy sessions. Levitt et al. (2000), for instance, examined how metaphor might be used as a marker of patients' psychotherapeutic change concerning their depression experiences. At the beginning of therapy, CARRYING A HEAVY BURDEN metaphorical concept was markedly found in patients with depression, symbolizing their struggle with depression. However, the results revealed that in the good-outcome therapy, BURDEN metaphors were more likely to be changed to UNLOADING BURDEN metaphors over the course of therapy while there was no evident transformation of metaphor in the poor-outcome therapy. The study suggests metaphor analysis in psychotherapy may be useful in catching up with patients' therapeutic change and could be a powerful representation of patients' experiences.

Tay (2017) mentions that the main purpose of metaphor studies concerning psychotherapy may provide benefits for healing patients during the therapy since their feelings are mostly abstract so metaphor might help gain more understanding in terms of source domains. He adds that therapists who see benefits from using metaphor also plan sessions specifically for the psychotherapy with metaphor. Moreover, he also points out that the use of metaphorical expressions also interests linguists in terms of the structural aspects of conceptual metaphor (i.e., source and target domains) related to particular settings instead of focusing on therapeutic process and the results from using metaphor;

however, their research implications and recommendations may still be useful because these insights into the nature of metaphor might not be found in therapeutic research.

Despite the benefits of metaphor in healthcare communication, back in 1979, Sontag argued that metaphor should entirely be avoided due to fear of negative consequences of some metaphors such as WAR that might pose harmful effects on patients. For example, some patients might feel defeated if they lose the battle against the illness (Sontag, 1979). Nevertheless, the situation has changed these days and metaphor is now widely accepted in the medical and healthcare fields.

Appleton and Flynn (2014), however, disagree with Sontag's point of view that metaphor should not be used in healthcare communication just because some metaphors do not work for some patients. They argue that Sontag exclusively pays attention to negative consequences so several positive contributions of metaphor to the field of healthcare are thus ignored. They further raise an important remark that metaphor is significant in language and thought so that it cannot entirely be eliminated from healthcare communication as they state that patients' metaphor use "may assist nurses and other health professionals to achieve clearer and more meaningful exchanges when planning care interventions" (Appleton & Flynn, 2014, p. 381).

Likewise, Demmen et al. (2015) also point out, in their research, that patients with cancer still use certain WAR-related metaphors in positive ways "to express personal determination, mutual solidarity and encouragement" (p. 227). This also leads to the conclusion, in line with Appleton and Flynn's (2014) views, that WAR metaphors should not be discarded. Instead, these metaphors should be acknowledged and accepted that some of them might enable mutual understanding in healthcare settings.

Besides WAR, there are various kinds of metaphors to be used, depending on one's preference. For instance, Loftus (2011) highlights the benefits of empowering conceptual metaphor, such as LIFE IS A JOURNEY, in terms of allowing patients to simply accept their pain as part of their lives and live with the illness more comfortably throughout the journey. Similarly, in the end-of-life care context, Taylor and McLaughlin (2011) employed metaphor as a tool for engagement in order to help ease patients' and families'

concerns of approaching mortality due to patients' serious illnesses. They mentioned RIVER OF LIFE WITH WATERFALL concept, relying on the conceptual metaphor LIFE IS A JOURNEY as in the given illustration: "A serious diagnosis tips you over the edge of a waterfall into a whirlpool. However, you do get back into your boat… and perhaps different people are now in your boat with you…" (Taylor & McLaughlin, 2011, p. 14). The authors suggest that the use of metaphor may positively help patients acknowledge that along the way they have to face different paths that might be tough or nice, but life is what it is.

Gallagher et al. (2013) also found that metaphor allowed patients with chronic pain to deal with their thoughts more effectively in order to help lessen their preoccupied attention of pain. Additionally, Hauser and Schwarz (2015), based on their healthcare research findings, also suggested that metaphor might considerably offer benefits on patients' mental well-being and behaviors in a way that patients tended to get involved in more positive activities.

According to Semino et al. (2018), language is significant for healthcare in terms of offering insights into illness experiences. Language can facilitate "information provision, diagnosis, support, self-management and self-esteem, resulting in the overall empowerment of both patients and healthcare professionals" (p. 4). Taken into account that metaphor therapy may facilitate not only insight into patients' thoughts and feelings but also may benefit patients' psychotherapeutic change (e.g., Levitt et al., 2000), the term "empowerment" should also be emphasized in relation to metaphor therapy.

The terms "empowerment" and "disempowerment" in language can be defined as "the process through which linguistic choices reflect, facilitate and/or undermine different kind and degrees of agency, validation, evaluation and control, with implications for identities, emotions and relationships" (Semino et al., 2018, p. 7). However, as this study has put the emphasis on only the empowerment of metaphorical expressions in order to further construct a depression metaphor menu for Thai mental healthcare communication, the attention is therefore not on the issue of disempowerment.

According to various English dictionary entries, the term "empowerment" can be defined as follows: Merriam-Webster Dictionary defines it as "the act or action

of empowering someone or something: the granting of the power, right, or authority to perform various acts or duties". According to Cambridge Dictionary, empowerment is defined as "the process of gaining freedom and power to do what you want or to control what happens to you". The definition "the act of giving somebody more control over their own life or the situation they are in" is found in Oxford Advanced Learner's Dictionary. Similar definitions are "the process of giving them power and status in a particular situation" by Collins Dictionary and "to give someone more control over their life or more power to do something" (Macmillan Dictionary). Nevertheless, despite many definitions of the term "empowerment" from English dictionary entries, the direct translation of this term in Thai does not appear in Thai national dictionary.

The term "empowerment" can be found in various fields of therapy studies. For instance, "empowerment" was the main focus in Dance/Movement Therapy for strengthening self-esteem, and healing emotional and physical impacts of trauma in the global community (Bernstein, 2022). It is also used in the work of art therapy to provide dynamic support, and facilitate self-worth (Lazar et al., 2016). Another paper used the term "empowering" in strategic therapy to enable clients to use their own resources to solve problems (Jacobson, 1983). Sucylaite (2012) illustrated the term "empowering" regarding educational poetic therapy with schizophrenic patients as "founded power to disclose emotions, as an active position and motivation for learning, as liberation and understanding of choices" (p. 74).

In clinical practice, client strengths metaphors were found to have potential relation with client empowerment in terms of providing positive meanings (Cowger, 1994). Barker (2001) described "empowerment" in the model within psychiatric and mental health nursing as the emphasis on personal problem solving and using personal resources. In family therapy, "empowerment" according to Powell and Dosser (1992), is suggested to involve experience change and autonomy. In therapists use of client strengths, Scheel et al. (2013) defines "empowering" as "process of encouragement in which clients are urged to try out their identified strengths and refine their usage" (p. 4). Metaphors were also viewed as a valuable tool to understand strengths. In the work by

Demjén (2016) on cancer and humor, following Semino et al.'s (2015) definition of empowerment, Demjén also used the term to represent patients' ability to control what is happening them.

In the study of Coopman (2003), metaphors regarding disabilities were identified whether they oppress or empower patients with disabilities; empowerment strategies were also provided as a way for those with disabilities to fully participate in their society. Regarding metaphor therapy in children, Burns (2012) offers plenty of therapeutic stories to help foster their empowerment. In his book, the term concerns children's ability to find their best solutions to make a difference, develop positive attitudes towards life circumstances, and learn to be more self-reliant. Similarly, in the dissertation concerning metaphor use in child psychotherapy, empowerment involves expectation that allows for therapeutic change in patients (Viljoen, 2003).

Also, the term "empowerment" is clarified in the work of Tay (2011) on "THERAPY IS A JOURNEY as a discourse metaphor" that it acts as a "guide for patients towards self-change by making therapeutic strategies transparent and increasing patients' confidence in their own abilities" (p. 52). To be more specific in terms of metaphor and mental illnesses, WAR and JOURNEY metaphors were examined in mental health communication by Coll-Florit and Climent (2022). These metaphors might be both disempowering and empowering for coping with the situation. While JOURNEY metaphors might be empowering when demonstrating patients' control of the trip, WAR metaphors might be considered empowering when patients are thought of as fighters.

Partially related to empowerment, Hendricks et al. (2018) investigated how different metaphors influence people's emotional appraisal of hardship situations. In their experiments, participants were given a short passage about a person's cancer (or depression) experience, either framed in association with a "battle" or a "journey", and then they were asked follow-up questions. The findings revealed that participants who read about a fictional character's experience framed as a "journey" believed that the person was more likely to make peace with his situation than to feel guilty than those who read about the same illness framed as a "battle." However, the overall results from both

frames suggested that the protagonist was more inclined to come to terms with his illness than to feel guilty. Accordingly, the researchers highlighted it is critical to keep working toward a deeper understanding of the influence language has on our mindsets about hardships.

In another study regarding the use of metaphor for understanding and managing psychotic experiences, Mould et al. (2010) used the term "empowered self" to signify a person's development of more stable sense of self in their recovery. Finally, as regards metaphor therapy in a depressed patient, Garnier and Yapko (2009) suggest it may facilitate patients' empowerment in terms of more specific thinking and problem solving, and decision-making skills.

 Taken into account the use of the term "empowerment" in previous works, as of this current study, the definition of the term "empowerment" in mental healthcare settings of depression refers to "the process of giving power (i.e., mental strength and support) to depressed patients to be able to recover from traumatic life events and to deal with their emotions more effectively". This definition is also purposefully presented so as to be in line with Semino et al.'s (2018) term of "empowerment" in language, used in the MELC project.

In Thai healthcare communication, the term "empowerment" can be regarded as "การสร้างพลังใจ". In accordance with the English definition for this present study, the Thai equivalence of this term is used by Thai organizations (e.g., Department of Thai Mental Health, Manarom Hospital, and Thai Cancer Society) to also mean the process that helps empower patients mentally so that patients can build resilience and deal with any difficulties more appropriately. Accordingly, this research intended to compile metaphorical expressions that may potentially empower and help promote patients' overall mental wellbeing.

Since using metaphorical expressions is not simply a way of expressing what one's pain feels like, but also a way to understand one's pain and dealing with it, suggested empowering metaphorical expressions might be an important guide for all Thai stakeholder groups in mental healthcare communication. Furthermore, metaphor therapy

has been mentioned by scholars that it might be a useful tool in various types of therapies (e.g., psychotherapy) to investigate metaphorical expressions used by patients in order to understand them and help them recover from the illness. However, taking appropriateness of metaphor use into account, all stakeholder groups are suggested to pay careful attention to both their own metaphorical expressions and those of patients in order to effectively help enhance patients' mental health (Appleton & Flynn, 2014; Czechmeister, 1994; Reisfield & Wilson, 2004; Skott, 2002).

2.4.3 Inspiration for compiling empowering metaphorical expressions for Thais

Oftentimes, people communicate their illnesses and emotions through metaphor. With this in mind, the Metaphor in End-of-Life Care (MELC) project team (including researchers at Lancaster University and a collaborator from the Open University) broadly explored the use of metaphor by three stakeholder groups in UK (i.e., patients, family carers, and health professionals). Metaphor use allows the team to gain insights into these groups of people's feelings, views, and needs, resulting in the improvement for healthcare communication among all stakeholder groups. Furthermore, the authors also would like to see if JOURNEY metaphors were indeed better than VIOLENCE metaphors in which the latter appear to be the most criticized among others for using with patients (Demjén & Semino, 2017; MELCteam, 2021).

VIOLENCE and JOURNEY metaphors were found to be used both in empowering and disempowering ways. For example, JOURNEY metaphor can be disempowering as in "How… am I supposed to know how to navigate this road I do not even want to be on" whereas VIOLENCE metaphor can be empowering as in "my consultants recognized that I was a born fighter" (Demjén & Semino, 2017, p. 395). Generally speaking, patients probably use VIOLENCE-related metaphorical expressions to encourage one another or those related to JOURNEY when talking about tough journey (Semino et al., 2017). This project suggests that both types of metaphors may benefit patients differently since neither of them is inherently negative as explained:

> Violence and Journey metaphors may indeed facilitate different
> ways of framing the patient's experience, but their precise functions
> vary depending on who uses them and how. Violence metaphors
> are not always negative, while Journey metaphors are not always
> a better alternative, at least when it comes to patient empowerment.
> Different metaphors work differently for different people
> at different times in different contexts.
>
> (Demjén & Semino, 2017, p. 395)

Instead of avoiding some metaphors in particular, patients should be encouraged to use the metaphors that suit them best. Accordingly, the MELC team have thus established a "Metaphor Menu" for cancer patients, as part of the project, that can be applicable to different patients, depending on their preferences and appropriateness of the time for any metaphor used. Demjén and Semino (2017) emphasize that the Menu provides various options, just as a restaurant, in which one can find their own metaphors that can help facilitate them in one way or another. The metaphor menu for cancer patients includes various metaphorical expressions as illustrated in the following infographic. This menu consists of not only empowering metaphorical expressions elicited from patients involved in the MELC project, but also relevant images that can make the messages more interesting to all readers, as illustrated below.

Figure 3 Example of a "Metaphor Menu" for people living with cancer

Source: http://wp.lancs.ac.uk/melc/the-metaphor-menu/

As can be seen that these scholars have paid significant attention to construction of a metaphor menu for cancer patients, this suggests that metaphors may also be helpful in healthcare communication among patients with other illnesses, family carers, and health professionals. Some patients might be able to relate to particular metaphors that seem appealing to them. Individual variations in the use of metaphor, therefore, should be accepted in order to give opportunity for all to freely use preferred metaphors at a specific time they need.

To be included on the depression metaphor menu for Thais, the derivation of empowering metaphorical expressions was conducted with caution since it concerns a

sensitive issue, i.e., patients' feelings. Nevertheless, these metaphorical expressions might be useful to relevant stakeholders living in Thailand, especially the target population of this current research, to freely select their preferred empowering metaphorical expressions if they need as an alternative. Some depressed patients might need more verbal encouragement than others, so empowering metaphorical expressions might be a great option when it comes to time to communicate with patients. Patients with depression themselves might also find particular metaphorical expressions useful to encourage and support one another during their mutual painful journey of depression.

In some cases, only sitting beside patients or listening to how they feel might be all that they need. On the other hand, empowering metaphorical expressions might be of great assistance if patients were to ask for some advice or empowering words. Therefore, it depends on whether patients would love hearing from others; if not, it might not be a suitable time to give any advice at all. Using these empowering metaphorical expressions is merely one of several available options for all relevant stakeholders to opt for to help empower patients if needed.

Nevertheless, it should also be noted that some metaphorical expressions to be contained on the menu might turn out ineffective for some depressed individuals since patients may relate and react to metaphors differently. The findings should have implications for communication in mental healthcare settings in terms of metaphor use as an alternative for all stakeholder groups in relation to depression: mental healthcare professionals, family carers and especially patients. Communication involving metaphor use is not meant to replace medical treatments; it instead could work collaboratively with medications as found in psychotherapy (e.g., Burns, 2001).

The depression metaphor menu to be constructed should not only be restricted to mental healthcare professionals alone, family carers might also need it for mental healthcare communication essentially when their family members happen to be affected by depression. Patients might feel more comfortable talking to their own family and this is the opportunity for family carers to help encourage and empower them by using provided metaphorical expressions as a language device when needed. Therefore, in order to help

patients recover from the illness, all stakeholder groups may need to work in collaboration otherwise patients might feel they are fighting alone without understanding from their loved ones, or anyone at all. Ultimately, some patients might find some metaphorical expressions useful for their determination to get better in terms of empowering themselves, to cope with depression, to get the treatment needed, and to remain self-motivated through the difficult journey of depression.

CHAPTER 3

RESEARCH METHODOLOGY

This chapter mainly looks into technical details on how this current research was conducted: 3.1 Data Collection, 3.2 Research Instruments, 3.3 Research Procedure, and 3.4 Data Analysis.

3.1 Data Collection

3.1.1 Text Type and Corpus Size

Nowadays, there is growing significance of peer-to-peer online interactions about illnesses for the benefits of social bonds, support networks, and also the management of patients' long-term conditions. Moreover, the online platform can foster a patient's sense of being able to express views and emotions more freely compared to the one with face-to-face interactions, especially with strangers (Demmen et al., 2015).

Therefore, in accordance with the research objectives as stated in the first chapter of this study, a self-compiled or specialized corpus was created to facilitate this study in terms of online posts compilation. A specialized corpus, can be genre-specific which means that texts compiled in the corpus can be collected from a particular genre or text type, i.e., use of language with distinctive communicative purposes (Semino et al., 2018); in this case, mental health communication by patients' lived experiences with depression was selected for the target text type. Therefore, the corpus compiled for this current research contains only patients' online writing as the main text type under investigation since the present research specifically pays attention to patients' posts produced naturally in a target setting.

The data were purposively drawn from a Thai-language source (i.e., a private peer support group). This private Facebook group is a Thai-based online group dedicated to mental illnesses involving depression in particular. The reason for choosing Thai as a target language is that the investigation specifically into Thai depressed patients'

metaphorical expressions has never been carried out before. This work, accordingly, would like to bridge this gap by digging deeper into the conceptual metaphors for depression so as to serve better mental healthcare communication in a Thai cultural setting. Focusing on collecting posts about depression from Thai patients in particular, therefore, patients' narratives compiled in the corpus consisted of qualitative information in the form of written posts alone.

The posts were originally written in Thai language by native Thai members in a private Facebook group who had already been diagnosed with depression and had received some forms of medical treatments (e.g., taking medicine, consulting psychotherapists, and some other medication due to the severity of the illness). Putting emphasis on the medical-diagnosed patients, this private group consisting exclusively of patients with diagnosis of mental illnesses allowed for insightful data of the individuals' thoughts and feelings narrated directly from the patients. A total of 659 posts (published from January to August 2023) were selectively compiled with permission from the group admin and 82 group members, resulting in 56,942 words in total.

3.1.2 Participants

As for research question 4 concerning a survey on participants' perceptions of the metaphorical expressions to be included on the depression metaphor menu, two groups of participants (aged 18 or above) were asked to participate: 1) a private Facebook group of depressed Thai patients, the main population, and 2) a Facebook page serving as a counseling service of an institution, consisting of depressed Thai patients, mental health professionals, and general public. The first group of participants concerned relevant posts that contributed to all research questions. Regarding the last research question, perceptions of the participants of the second target group were also needed to be heard because they had lived experience of depression and that the empowering metaphorical expressions might directly benefit this population as well. The second group of participants from counseling Facebook page was added specifically for the survey since

this Facebook page involves not only another group of depressed Thai patients but also mental health professionals (i.e., counselors), allowing for a wider scope of population since mental health professionals' perceptions or recommendations might greatly contribute to the credibility of these empowering metaphorical expressions.

3.2 Research Instruments

3.2.1 Metaphor Identification Procedure Vrije Universiteit

As for the first research objective, Metaphor Identification Procedure Vrije Universiteit (MIPVU) by Steen et al. (2010) was adopted to identify metaphorical expressions in Thai depressed patients' posts.

3.2.2 Salience-Based Metaphor Analysis

In order to investigate the most salient conceptual metaphors in depressed Thai patients' posts, as of research objective 2, the salience-based metaphor analysis developed by Kövecses, Szelid, Nucz, Blanco-Carrion, Akkök, & Szabó (2015) was conducted.

3.2.3 Criteria for Compilation of Metaphorical Expressions

As regards the third research objective, the criteria set in accordance with empowerment was used for the selection of metaphorical expressions to be included in a survey, as further elaborated in the following subsection of data analysis (i.e., 3.4.3).

3.2.4 Questionnaire

Previously selected metaphorical expressions from the third research objective were launched in an online format for surveying participants' perceptions according to the

last research objective. Participants were from 1) a private Facebook group of depressed Thai patients, and 2) a Facebook page serving as a counseling service of an institution, consisting of depressed Thai patients, mental health professionals, and general public.

3.3 Research Procedure
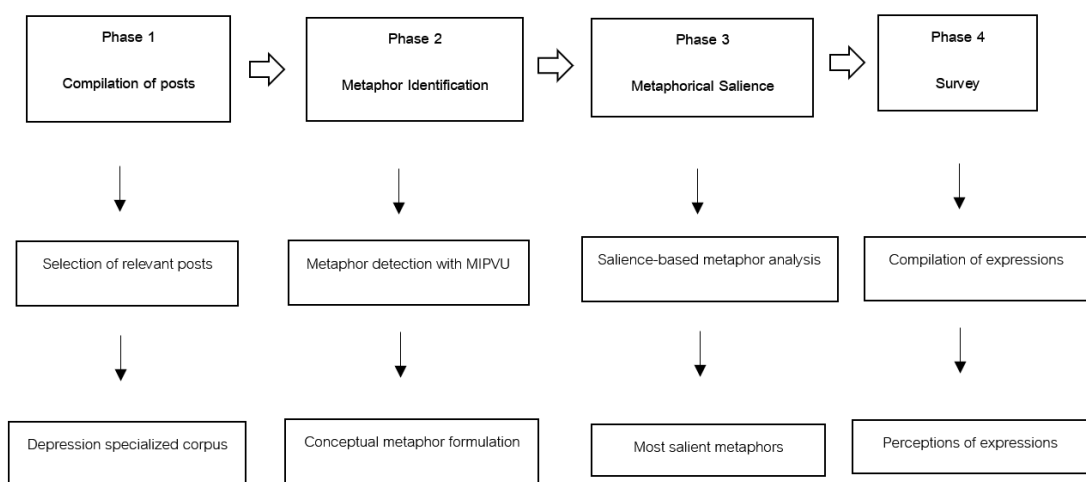
Figure 4 Overall research procedure

The research procedure started with the compilation of patients' posts relevant to the experiences of depression, and construction of the self-compiled DEPRESSION corpus in Microsoft Excel to facilitate the organization of posts and calculation of data. The metaphor analysis was conducted using MIPVU to answer research question 1 to identify and analyze metaphorical expressions, to derive conceptual metaphors for depression. Subsequently, the salience-based metaphor analysis was conducted to answer research question 2 to find out the most salient conceptual metaphors for depression. After that, empowering metaphorical expressions, belonging to the most salient conceptual metaphors, were compiled for a survey. Finally, the survey on perceptions of the empowering metaphorical expressions was launched. There were altogether four main phases as explained in the following paragraphs.

Phase 1

Conforming to ethical considerations in human research approved by the University Human Research Ethics Committee (Protocol Code: SWUEC-662004, approval date of July 25, 2023), participants' names, identities, and any other personal information were anonymized in the data collection process to help ensure that the findings reported in this study would definitely not be able to be traced back to any depressed individuals in the target group (i.e., a private Facebook group).

Relevant posts concerning depression were extracted manually for inclusion in the self-compiled corpus. The posts published in the target group were thoroughly examined and identified based on their relevance to lived experiences of depression such as patients' complaints of depression, emotions, condition, needs, and medication. Since this research intended to look for all source domains related to the patients' experiences of the mental illness, corresponding to the first research purpose, irrelevant posts such as general announcement, shared information from the official pages, or group admins' invitations to activities, were not included in the corpus. According to ethical considerations in human research, participants' identities were thus not revealed. This was done by anonymizing all the personal data collected from the target group so that the researcher was not able to identify any individual subjects. The anonymity may help reduce the risk that depressed patients' personal information might be disclosed.

Microsoft Excel spreadsheets were employed to help with organization of the compiled posts and the wordcount process. The corpus size for further analysis eventually yielded 56,942 words in total (i.e., 659 written posts from January to August, 2023).

Phase 2

After acquiring a specialized corpus with the size of 56,942 words, all expressions in the corpus were identified at the level of individual words following the MIPVU (Steen et al., 2010). Following the cognitive linguistic framework for deriving conceptual metaphors, the MIPVU was employed as a tool to identify metaphorical expressions.

After identifying the metaphorical expressions used in the corpus, each metaphorical expression was categorized under its conceptual mapping. A conceptual metaphor was then formulated accordingly. For example, the metaphorical expression

"fight" was put under the conceptual mapping FIGHTING AN OPPONENT → DEALING WITH DEPRESSION, belonging to the formulated conceptual metaphor DEPRESSION IS AN OPPONENT. Each metaphorical expression in this study was represented as words or phrases that patients used to describe their depression experiences while all conceptual metaphors were presented using capital letters in order to indicate metaphorical concepts instead of linguistic expressions, i.e., words, phrases, or sentences directly produced by patients.

Phase 3

After analyzing data and gaining the results for the research question 1 regarding all conceptual metaphors for depression, the metaphorical salience of each conceptual metaphor was, subsequently, calculated following Kövecses et al.'s (2015) salience-based metaphor analysis. In order to answer research question 2, the most salient conceptual metaphors among all conceptual metaphors were investigated based on the instructions provided in section 2.1.4. The results of the most salient conceptual metaphors were illustrated quantitatively and qualitatively. These most salient conceptual metaphors for depression may help suggest patients' typical use of metaphorical expressions in the Thai context.

Phase 4

As Semino et al.'s (2018) research on metaphors for cancer suggests that metaphors might be a helpful resource for communicating illness experiences, this research also aimed to offer empowering metaphorical expressions for Thai depressed patients and relevant stakeholder groups living in the Thai setting in particular. Based on Thai patients' lived experiences with the illness, metaphorical expressions relevant to empowerment, belonging to the most salient conceptual metaphors, were compiled. With awareness of people's possible preferences over different metaphors, these empowering metaphorical expressions were intended for participants involved in the research and other patients living with depression and stakeholders who might find them useful.

After the selection of metaphorical expressions, the survey on participants' perceptions of the empowering metaphorical expressions took place in two different target groups, i.e., 1) participants of a private Facebook group, and 2) participants of a

counseling Facebook page. Participants were given opportunity to explain in the online survey to what extent each introduced metaphorical expression was empowering to be further included on the menu, based on their perceptions of depression. The survey was launched on each online community lasting one month to make sure enough responses were derived.

Participants' perceptions of each metaphorical expression listed in the survey were elicited using Thai language for mutual understanding between informants and the researcher. It should also be noted that personal information of the participants was not the prime focus of the analysis in this present study. Thus, the information such as participants' email addresses, names, genders, education degrees, and marital status were all discarded from the survey in order to keep participants' privacy. Once all the responses were collected, the data received from the participants regarding their perceptions of metaphorical expressions were examined and reported as a whole.

3.4 Data Analysis

3.4.1 Metaphor Identification

In association with the MIPVU, all data compiled in the corpus were mainly conducted with a qualitative manual analysis. In other words, rather than looking into specific keywords for depression, the entire data were identified for metaphorical expressions manually in order to ensure sufficient data representativeness for further overall conclusion of DEPRESSION conceptual metaphors. All instances of metaphorical expressions were run in Microsoft Excel for convenience of compilation, calculation, and analysis. It should be noted that only metaphorical expressions related to depression were used in the analysis, excluding other personal information contained in the posts.

To illustrate how metaphorical expressions were identified, the WOUND concept is given as an example as follows. After identifying WOUND-related metaphorical expressions (e.g., pain, heal, etc.), for instance, in the first stage of analysis, conceptual mappings were formed based on similarities at the cognitive level between the properties

of the source domains and those of the target domains. The previously identified metaphorical expressions systematically determined the numbers of mappings (i.e., 4 mappings for WOUND), depending on the variety of properties found between two different domains. These mappings contained metaphorical expressions that specified them. For instance, "pain", "suffer", "hurt", and so on were categorized under the mapping PAIN FROM A WOUND➔ PAIN FROM DEPRESSION because of their shared properties. Subsequently, the conceptual metaphor DEPRESSION IS A WOUND was then formulated from the identified metaphorical expressions and the formation of conceptual mappings in the previous steps. Besides WOUND, these steps were followed throughout the analysis to derive other conceptual metaphors as well.

3.4.2 Salience-based metaphor analysis

In order to find the most salient conceptual metaphors for depression, according to Kövecses et al.'s (2015) new complex measure of metaphorical salience, all factors (i.e., mappings, types, and tokens) suggested in the salience-based metaphor analysis were taken into account. The numbers of mappings, types, and tokens of each conceptual metaphor were separately calculated for percentage. An aggregate value was then computed. An aggregate value of each conceptual metaphor was derived by summing up percentages of the previous three factors to represent the metaphorical salience of each conceptual metaphor. A conceptual metaphor with the highest aggregate value is therefore considered the most salient.

In the results section, "mapping" refers to conceptual mappings belonging to a particular conceptual metaphor. This first factor requires the total number of mappings within a conceptual metaphor.

"Type" refers to different metaphorical expressions that are used to express a particular conceptual metaphor. Type analysis helps in understanding the variety of types. Different phrases or expressions for ANGER, according to Kövecses et al. (2015, p.345), are treated as different "types of metaphorical expressions" such as "deep vein of anger",

"anger subsides", and "anger spills out". Accordingly, different word choices or expressions for DEPRESSION in Thai are therefore also treated as different "types of metaphorical expressions", following the examples provided by Kövecses et al. (2015) on how to calculate the type frequency. For example, "บาดแผล" and "แผลใจ" as of Thai context are treated as distinct types of metaphorical expressions, owing to different word choices or expressions produced by the Thai patients. These word choices represent the selection of specific words in their written posts to convey specific meaning, tone, and style.

Finally, "token" refers to all occurrences of a type in the corpus. For clearer illustration of type-token distinction, the type "heal", for example, appeared four times in the corpus, then there were four tokens of "heal" whereas the type frequency was still counted as one.

Metaphorical salience of each conceptual metaphor was initially represented quantitatively in the table, including separate numbers for mappings, types, and tokens of each conceptual metaphor. Percentages of each factor were also reported to facilitate the aggregate value of each conceptual metaphor to gain the most salient conceptual metaphors among all of them. Quantitative results were then accompanied by qualitative analysis concerning the most salient conceptual metaphors to further explain the calculations conducted following the salience-based metaphor analysis.

3.4.3 Compilation of Empowering Metaphorical Expressions

Regarding the criteria set for the compilation of metaphorical expressions, only metaphorical expressions related to advice and empowerment and from the findings of the second research question, were included in the survey. All selected metaphorical expressions were equipped with comprehensive explanation for why they deserved to be chosen. Thus, the data were reported both quantitively (i.e., total number of metaphorical expressions) and qualitatively (i.e., explanation for each selected metaphorical expression).

In order for the list of metaphorical expressions to be constructed as a questionnaire, two main criteria were required. The first criterion involved selecting three metaphorical expressions, elicited from each most salient conceptual metaphor found in the study: DEPRESSION IS AN OPPONENT, DEPRESSION IS A JOURNEY, DEPRESSION IS A WOUND, DEPRESSION IS SUBSTANCE IN A CONTAINER, and BEING DEPRESSED IS DESCENT. These five conceptual metaphors were chosen because their aggregate values were above the mean score, i.e., >30.001, suggesting the appropriateness of salience for an additional survey. The equally drawn 3 items from each conceptual metaphor were intended to lessen bias regarding the number of metaphorical expressions to be surveyed. The derivation of three items from each conceptual metaphor is based on the reason that one of the five conceptual metaphors contains only a few metaphorical expressions related to advice and empowerment, so it is necessary that three items come from each one. The second criterion concerned that only metaphorical expressions specifically related to advice and empowerment, belonging to the five most salient conceptual metaphors, were included to be further surveyed. Metaphorical expressions associated with advice and empowerment are those produced by patients intended for both self-empowerment and peer support. In other words, metaphorical expressions related to empowerment are those expressions that depressed patients in the same community actually use to help support and empower each other when their friends are having a depressive episode. These empowering expressions either appear in posts or in comments under each post. These expressions may include words indicating imperatives such as "อย่า" (Don't) in order to give advice. Those not relevant to advice and empowerment, such as personal complaints, were all discarded from the questionnaire.

3.4.4 Perceptions of Empowering Metaphorical Expressions

All perceptions gained from participants from two target groups were analyzed both quantitatively and qualitatively concerning empowering aspects of each presented

metaphorical expression. After the analysis of participants' perceptions in terms of empowerment of each metaphorical expression, all perceptions and recommendations were reported holistically. Only metaphorical expressions with satisfying feedback from participants were opted for the menu to be constructed in the future. Those not recommended by the participants will be all excluded from the menu in order to avoid potential negative consequences that may arise after the publication of the online menu.

For a survey, a five-point Likert scale was adopted to cover respondents' various views with each assigned value for statistical analysis, ranging from "strongly agree" (highest score of 5) to "strongly disagree" (lowest score of 1). For every metaphorical expression in the questionnaire, the closed-ended options which are quantitative in nature, were analyzed statistically. The results were reported with descriptive statistics, i.e., overall number of respondents, number of respondents for each prompted option (also shown in percentage), mean scores ($\bar{X}$), and standard deviation (SD). Each mean score was computed in order to represent to what extent the average of participants prefers each metaphorical expression.

Regarding interpretation of Likert scale results, only metaphorical expressions with the mean scores ($\bar{x}$) of equal to or greater than 3.41 ($\geq$ 3.41) were selected for the inclusion on the menu, indicating "high" and "very high" based on the interpretation of participants' agreement level below. The researcher employed the agreement level with 0.80-length value, which has previously been utilized in other prior studies (e.g., AlHadid et al., 2023; Berie et al., 2023; Ifie (2022) to evaluate the respondents' mean scores toward each statement. The category length of each item was calculated using the following formula: (5-1) / 5 = 0.80, which is the product of the highest point on the Likert scale and the lowest point on the Likert scale. The upper limit was then equally determined by adding this value to each level, as follows.

Interpretation of the mean scores according to the agreement level

4.21 - 5	=	very high
3.41 - 4.20	=	high

2.61 - 3.40	=	moderate
1.81 - 2.60	=	low
1 - 1.80	=	very low

Concerning qualitative analysis of the questionnaire which allows for insightful understanding of respondents' perceptions, open-ended responses (i.e., respondents' perceptions and recommendations) for each metaphorical expression were also presented in order to support the quantitative data in terms of acquiring empowering metaphorical expressions according to the criteria made. This is to further certify that each metaphorical expression indeed deserves to be put on the menu.
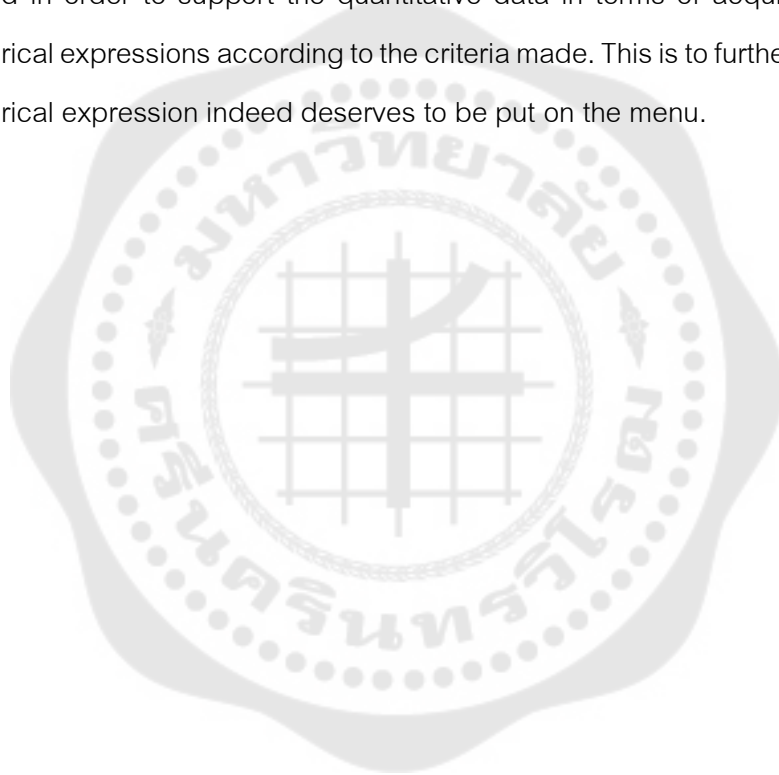
CHAPTER 4

RESULTS

This chapter consists of the findings of the study regarding the four research questions as follows: 4.1 overall DEPRESSION conceptual metaphors in Thai depressed patients' Facebook posts, 4.2 the most salient DEPRESSION conceptual metaphors, 4.3 compilation of empowering metaphorical expressions, and 4.4 perceptions of empowering metaphorical expressions.

4.1 Overall DEPRESSION conceptual metaphors in Thai depressed patients' Facebook posts

As regards the first research objective, the self-compiled corpus of depression yielded altogether 10 conceptual metaphors, illustrating the metaphorical conceptualization of depression. Each conceptual metaphor was capitalized to represent concepts instead of metaphorical linguistic expressions. For each mapping, an arrow was inserted to link the source domain to the target domain. Finally, metaphorical expressions were underlined and italicized through all statements (1) – (377).

4.1.1 DEPRESSION IS A WOUND

Depression is conceptualized as a physical wound, which is a damaged area of the body. Just as a person who suffers from wound pain, a depressed patient also suffers psychologically from depression even though the wound is invisible. However, depression can also be healed by receiving medication and mental support, and allowing some time for it, just as for a physical wound. Depressed patients usually feel more relieved of depressive symptoms if their psychological wounds disappear. Four conceptual mappings of this conceptual metaphor, along with 21 types, can be identified as follows:

Source domain   Target domain

A PHYSICAL WOUND	→	DEPRESSION
PAIN FROM A WOUND	→	PAIN FROM DEPRESSION
HEALING THE WOUND	→	HEALING DEPRESSION
DISAPPEARANCE OF A WOUND	→	RELIEF FROM DEPRESSION

1. A PHYSICAL WOUND → DEPRESSION

This conceptual mapping consists of 3 types (i.e., metaphorical expressions) related to the source domain A PHYSICAL WOUND: "บาดแผล" (wound), "แผลใจ" (psychological wound), and "กำเริบ" (recur).

The type "บาดแผล" (wound) was identified 3 times in the corpus, resulting in 3 tokens as underlined in the following sentences:

(1) คงมีแต่คนที่มี_บาดแผล_อยู่ในใจ ที่จะเข้าใจความเจ็บปวดในรูปแบบเดียวกัน

Translation: Perhaps, the pain will only be understood by those who also have a _wound_ in their minds.

(2) นั่นเป็น_บาดแผล_ที่ฝังอยู่ลึกที่สุดในใจ

Translation: That is the deepest _wound_ in my heart.

(3) ที่ดูร่าเริง สนุกสนาน เพื่อปกปิดความอ่อนแอและ_บาดแผล_ในใจ

Translation: I pretend to look joyful and cheerful in order to conceal my weakness and _wounds_ in my mind.

The type "แผลใจ" (psychological wound) was identified just one time in the corpus, yielding 1 token as shown below in sentence (4):

(4) _แผลใจ_คงยังไม่หายดี ทุกอย่างคงต้องใช้เวลา

Translation: My _psychological wound_ has not yet disappeared. Everything may take time.

The type "กำเริบ" (recur) was identified 8 times in the corpus, resulting in 8 tokens as appeared in the following sentences:

(5) จัดการความรู้สึกไม่เป็นทำให้อาการ_กำเริบ_ ยาก็ช่วยให้เราหลุดจากอาการ

Translation: When being unable to take charge of my own feelings, the symptoms _recur_. Medication, however, helps recover from it.

(6) กำลังอยู่ในช่วงซึมเศร้าหนักมาก พออาการ_กำเริบ_แบบนี้ก็สงสารตัวเองเหมือนกัน

Translation: I am in a period of severe depression. When the symptoms _recur_ like this, I feel sorry for myself as well.

(7) ทานยาอยู่บางทีก็_กำเริบ_ได้ โดยเฉพาะถ้ามีปัญหาชีวิตเข้ามา

Translation: Sometimes it can _recur_, even with medication, especially when life problems come up.

(8) เวลานอนไม่พอ กลัวอาการ_กำเริบ_

Translation: I'm afraid that the symptoms may _recur_ when not getting enough sleep.

(9) อาการ_กำเริบ_ ปกติหมอจะให้กินยาคุมอารมณ์ไปเรื่อยๆเพื่อป้องกันอาการ_กำเริบ_

Translation: When the symptoms _recur_, the doctor usually asks me to keep taking medicine to restrict my emotions and protect against the recurrence of the symptoms.

(10) อยู่ได้ด้วยยา กินยาไป อย่างน้อยก็ไม่ให้อาการทรุดหรือ_กำเริบ_หนักกว่านี้

Translation: I'm alive by just taking medication. At least, the symptoms don't get worse or _recur_.

(11) อาการจะ_กำเริบ_หนักช่วงซัมเมอร์ทุกที ไม่อยากกลับไปเป็นอีก พยายามฮึด ผ่านไปให้ได้ แต่ไม่แน่ใจเลย

Translation: The symptoms tend to _recur_ every summer. I don't want it to happen again. I'm trying to exert myself to get through it, but I'm not sure whether I can make it.

All three types are related to the conceptualization of depression as a physical wound. While "บาดแผล" (wound) and "แผลใจ" (psychological wound) both represent nouns as shown in sentences (1) - (4), "กำเริบ" (recur) is a verb, indicating an action that depression can recur as in (5) - (11).

2. PAIN FROM A WOUND → PAIN FROM DEPRESSION

This mapping consists of 11 types related to the source domain PAIN FROM A WOUND: "เจ็บปวด" (painful), "ความเจ็บปวด" (pain), "ทรมาน" (suffer), "ความทรมาน" (suffering), "ปวดใจ" (distressed), "เจ็บ" (hurt), "เจ็บใจ" (indignant), "ทุรนทุราย" (struggle), "บาดเจ็บ" (injured), "ทน" (endure), and "ทนทุกข์ทรมาน" (endure suffering).

The type "เจ็บปวด" (painful) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(12) รู้สึก*เจ็บปวด*ในความรู้สึกมาก

Translation: I feel very *painful* in my feelings.

The type "ความเจ็บปวด" (pain) was identified 2 times in the corpus, resulting in 2 tokens as underlined in the following sentences:

(13) คงมีแต่คนที่มีบาดแผลอยู่ในใจ ที่จะเข้าใจ*ความเจ็บปวด*ในรูปแบบเดียวกัน

Translation: Perhaps, the *pain* will only be understood by those who also have a wound in their minds.

(14) เศร้ามาก มีแต่คำถามว่าทำไมมีแต่*ความเจ็บปวด*

Translation: I'm very sad. I ask myself why it is that I am only in *pain*.

The type "ทรมาน" (suffer) was identified 6 times in the corpus, yielding 6 tokens as underlined in the following sentences:

(15) นอนซมบนเตียงไม่อยากทำอะไร ตอนนี้*ทรมาน*มากเลย

Translation: Lying in bed, not wanting to do anything, now I'm *suffering*.

(16) ใครไม่เจอกับตัวไม่รู้หรอกว่ามัน*ทรมาน*แค่ไหน ตกนรกในใจเป็นแบบนี้นี่เอง

Translation: Anyone who hasn't experienced it will never know how *suffering* it is. This is how falling into hell in the mind is actually like.

(17) ตอนนี้เศร้ามาก ไม่รู้ทำไงต่อไป อดทนต่อไปดีไหม *ทรมาน*

Translation: It's very sad now. I don't know what to do next. Should I continue to be patient? I'm *suffering*.

(18) รู้สึกว่ามัน*ทรมาน* ต้องกดความรู้สึก

Translation: I'm feeling that I'm *suffering*. I must repress it.

(19) ขอให้ทนช่วงดิ่งหนักๆไปให้ได้ พอพ้นช่วง*ทรมาน*ก็สบาย เอาใจช่วย

Translation: May you be able to endure the period of falling straight down. After the period of *suffering*, you will be relieved. Wish you success.

(20) เหมือนอยู่ในหลุมดำตลอดเวลา *ทรมาน*มาก ก็เลยฝึกมาเรื่อยๆ เห็นคุณค่าในตัวเอง

Translation: It's like I'm in a black hole all the time. I'm *suffering* a lot. Then, I try to value myself.

The type "ความทรมาน" (suffering) was identified 3 times in the corpus, yielding 3 tokens as underlined in the following sentences:

(21) พยายามจะมีความสุข พยายามจะบรรเทา*ความทรมาน*ของตัวเอง สุดท้ายเหนื่อยมาก

Translation: I'm trying to be happy. I'm trying to relieve my own *suffering*. Ultimately, I'm so exhausted.

(22) กอดๆนะ ใครไม่เป็นไม่มีวันเข้าใจ*ความทรมาน*ของโรคนี้เลย

Translation: I'm hugging you. Anyone who has never experienced it will never understand the *suffering* of this illness.

(23) เข้ามากอดให้กำลังใจนะ ถึงจะไม่รู้จักกัน แต่*ความทรมาน* ความลำบากที่ต้องสู้กับความรู้สึกแบบนี้ ทุกคนในห้องเข้าใจกันดี ว่ามันยากขนาดไหน

Translation: I come in here to give you a hug and encouragement. Even though we don't know each other, with the *suffering* and difficulty of having to fight these feelings, everyone in the room understands well how difficult it is.

The type "ปวดใจ" (distressed) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(24) *ปวดใจ*มากๆ เราควรพัก

Translation: I'm so *distressed*. I need to rest.

The type "เจ็บ" (hurt) was identified 3 times in the corpus, yielding 3 tokens as underlined in the following sentences:

(25) สู้เอง *เจ็บ*เอง ร้องไห้เอง

Translation: I myself fought, got *hurt*, and cried.

(26) *เจ็บ*ลึกๆ ไม่รู้พูดกับใครเวลานี้

Translation: It *hurts* deeply. I don't know who to talk with at this time.

(27) บอกว่าเราไม่ได้เป็นอะไรเลยนอกจากอ่อนแอและไม่สู้ *เจ็บ*จนทุกวันนี้

Translation: I was told that I had no depression, but that I was weak and I didn't try to fight. I'm still *hurt* these days.

The type "เจ็บใจ" (indignant) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(28) ร้องไห้ระบายออกมาก็ยิ่ง*เจ็บใจ*

Translation: The more I cried to release my feelings, the more I became *indignant*.

The type "ทุรนทุราย" (struggle) was identified 1 time in the corpus, yielding 1 token as shown in the following sentence:

(29) วันนี้ทั้งร้องไห้ทั้งกรีดร้อง ดิ้น*ทุรนทุราย*

Translation: Today, I cried, screamed, wriggled, and *struggled*.

The type "บาดเจ็บ" (injured) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(30) พอเริ่มไม่พอใจ ให้เดินหนีเลย ยิ่งเร็วยิ่งดี จะได้ไม่*บาดเจ็บ*มาก

Translation: Whenever you start to feel dissatisfied, just walk away. The sooner the better, so you won't get seriously *injured*.

The type "ทน" (endure) was identified 2 times in the corpus, yielding 2 tokens as underlined in the following sentences:

(31) ขอให้*ทน*ช่วงดิ่งหนักๆไปให้ได้ พอพ้นช่วงทรมานก็สบาย เอาใจช่วย

Translation: May you be able to *endure* the period of falling straight down. After the period of suffering, you will be relieved. Wish you success.

(32) เดี๋ยวนี้เราหาหมอตลอด ไม่ต้องมานั่ง*ทน*กับอาการ

Translation: Now, I always see a doctor. I don't have to *endure* the symptoms.

The type "ทนทุกข์ทรมาน" (endure suffering) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(33) อดีตฉันเคย*ทนทุกข์ทรมาน*กับสิ่งที่เป็น วนเวียนอยู่ในห้วงแห่งความเศร้า

Translation: I used to *endure suffering* in the past, circling around the realm of sadness.

All 11 types are related to the conceptualization of pain from depression as pain from a wound. Not only verbs in Thai (i.e., "เจ็บปวด" (painful), "ทรมาน" (suffer), "ปวดใจ" (distressed), "เจ็บ" (hurt), "เจ็บใจ" (indignant), "ทุรนทุราย" (struggle), "บาดเจ็บ" (injured), "ทน" (endure), and "ทนทุกข์ทรมาน" (endure suffering)) were used to express pain from depression, nouns which are "ความเจ็บปวด" (pain) and "ความทรมาน" (suffering) were also employed by Thai depressed patients.

3. HEALING THE WOUND → HEALING DEPRESSION

This conceptual mapping consists of 5 types related to the source domain HEALING THE WOUND: "เยียวยา" (heal), "รักษา" (cure), "ดีขึ้น" (get better), "บรรเทา" (relieve), and "พัก" (rest).

The type "เยียวยา" (heal) was identified 4 times in the corpus, yielding 4 tokens as underlined in the following sentences:

(34) เก่งมากเลย เวลาจะค่อยๆ*เยียวยา*นะ เป็นกำลังใจให้

Translation: You're brave. Time will gradually *heal* you. I give you encouragement.

(35) เชื่อเราเถอะ เวลาจะช่วย*เยียวยา*ทุกสิ่ง ให้เวลาช่วยรักษาจิตใจเราไปนะ พักผ่อน แล้วก็ดูแลตัวเองดีๆ รักตัวเองมากๆ มาขอกอดที

Translation: Believe me, time will *heal* everything. Just allow it to help cure your mind and have a rest. Take good care of yourself and give yourself a lot of love. I give you a hug.

(36) ตอนนี้สิ่งสำคัญที่สุดคือ*เยียวยา*ตัวเองก่อนนะ

Translation: Now, the most important thing is *healing* yourself first.

(37) ขอส่งกำลังใจให้นะ กำลัง*เยียวยา*จิตใจตัวเองเหมือนกัน

Translation: I give you encouragement. I'm *healing* my mind too.

The type "รักษา" (cure) was identified 3 times in the corpus, yielding 3 tokens as underlined in the following sentences:

(38) เชื่อเราเถอะ เวลาจะช่วยเยียวยาทุกสิ่ง ให้เวลาช่วย*รักษา*จิตใจเราไปนะ พักผ่อน แล้วก็ดูแลตัวเองดีๆ รักตัวเองมากๆ มาขอกอดที

Translation: Believe me, time will heal everything. Just allow it to help *cure* your mind and have a rest. Take good care of yourself and give yourself a lot of love. I give you a hug.

(39) *รักษา*กายใจไปด้วยกันนะ เราจะสู้และอยู่เป็นกำลังใจให้กันต่อไปนะ

Translation: Let's *cure* our body and mind together. Let's fight and keep being each other's encouragement.

(40) อยากได้กำลังใจในการ*รักษา*ใจตัวเองให้มากขึ้น

Translation: I need more encouragement to *cure* my mind.

The type "ดีขึ้น" (get better) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(41) เวลาผ่านไปนานแค่ไหนแล้วก็ไม่รู้ จนเราลืมไปแล้วว่ามันค่อยๆ *ดีขึ้น*ได้ไง

Translation: Not knowing how long time has passed, I forgot how I'm gradually *getting better*.

The type "บรรเทา" (relieve) was identified 2 times in the corpus, yielding 2 tokens as underlined in the following sentences:

(42) มาระบายในนี้ เพื่อนๆรอรับฟังเสมอ มีทั้งกำลังใจและอาจมีคำแนะนำช่วย*บรรเทา*ได้ เป็นกำลังใจให้นะ กอดๆ

Translation: Release your feelings here. Friends are always ready to listen. We have both encouragement and perhaps advice for you to help you feel *relieved*. I give you encouragement and hugs.

(43) พยายามจะมีความสุข พยายามจะ*บรรเทา*ความทรมานของตัวเอง สุดท้ายเหนื่อยมาก

Translation: I'm trying to be happy. I'm trying to *relieve* my own suffering. Ultimately, I'm so exhausted.

The type "พัก" (rest) was identified 2 times in the corpus, yielding 2 tokens as underlined in the following sentences:

(44) *พัก*ใจก่อน แล้วค่อยลุกขึ้นมาใหม่

Translation: *Rest* your mind first, and then get up again.

(45) ลองพักสมอง *พัก*จิตใจ แล้วค่อยๆ คิด

Translation: Try *resting* your brain and mind, and then think carefully.

All 5 types are related to the conceptualization of healing depression as healing the wound, as illustrated by the use of Thai verbs, namely, "เยียวยา" (heal), "รักษา" (cure), "ดีขึ้น" (get better), "บรรเทา" (relieve), and "พัก" (rest) in sentences (34) - (45).

4. DISAPPEARANCE OF A WOUND → RELIEF FROM DEPRESSION

This conceptual mapping consists of 2 types related to the source domain DISAPPEARANCE OF A WOUND: "หาย" (disappear) and "หายขาด" (completely gone).

The type "หาย" (disappear) was identified 10 times in the corpus, resulting in 10 tokens as underlined in the following sentences:

(46) โรคซึมเศร้า*หาย*จากชีวิตเราไปตอนไหน

Translation: I have no idea when depression *disappeared* from my life.

(47) โรคซึมเศร้าเป็นๆ*หาย*ๆ จนคิดว่าจะมีบ้างไหมที่เราจะมั่นคงในอารมณ์ความรู้สึก

Translation: My depression occurs and *disappears* alternately so that I think about whether there's any chance that my emotions and feelings will be stable.

(48) ช่วงนี้ยอมรับอารมณ์ลบของตัวเอง แล้วก็ทำอะไรที่เหมือนการระบายอารมณ์ ที่เก็บกดออกมาบ้างก็ healthy ดี ก็*หาย*ไปเอง

Translation: These days, I accept my own negative emotions, and do things that I can release my repressed emotions. They *disappear*, and I'm now healthy.

(49) ยาวๆเลย ทีแรกคิดว่าน่าจะดี แต่ความรู้สึกนี้ไม่*หาย*ไปเลย

Translation: It's been long. At first, I thought I was well, but this feeling never *disappears*.

(50) เจอเรื่องหนัก ๆ อาการมันไม่*หาย*ไป

Translation: I'm having tough issues, and my symptoms won't *disappear*.

(51) การพบนักจิตทำให้อาการบางอย่างของโรค*หาย*ไปจริงๆ

Translation: Meeting a psychotherapist can really make some symptoms of the illness *disappear*.

(52) หาหมอเลย เชื่อเราทุกอย่างจะดีขึ้น อาการเบื่อ เศร้า จะ*หาย*ไป

Translation: Go see a doctor. Believe me, everything will be better. Your boredom and sadness will *disappear*.

(53) หมอบอกโรคที่เป็นอยู่*หาย*แล้ว แต่ให้ยามากิน กลัวอาการมันกลับมา

Translation: The doctor told me that my illness had *disappeared*, but he gave me medicine anyway, being afraid that it would return.

(54) แผลใจคงยังไม่*หาย*ดี ทุกอย่างคงต้องใช้เวลา

Translation: My psychological wound has not yet *disappeared*. Everything may take time.

(55) เราไม่รู้เลยต้องใช้เวลานานเท่าไหร่ถึงจะ*หาย* หรือต้องปรับแล้วใช้ชีวิตอยู่กับโรคนี้ไปตลอด

Translation: I never know how long it will take for the illness to *disappear*, or I should adjust myself in order to live and stay with it forever.

The type "หายขาด" (completely gone) was identified 2 times in the corpus, yielding 2 tokens as underlined in the following sentence:

(56) ไม่ต้องไปแคร์ว่าจะ*หายขาด*หรือไม่*หายขาด* อยู่เฉยๆก็ปรับใจยอมรับซะงั้น

Translation: Not caring about whether it will be _completely gone_ or not, I just stay still and adjust my mind to accept it.

Both types หาย" (disappear) and "หายขาด" (completely gone), acting as verbs in Thai, are related to the conceptualization of relief from depression as disappearance of a wound, as shown in (46) - (56).

To sum up, all these types of metaphorical expressions in association with the source domain WOUND can be considered figurative because they are all related to our physical experience of physical wounds; even though it might be invisible when using these expressions with "depression", these expressions related to wounds, however, suggest the existence of their depression when used as non-literal. To provide an illustration, "บาดแผล" (wound) was used metaphorically even though we cannot actually see how the wound of depression is like, but we may know that depression wound can give us pain just like a physical wound can. The expression "บาดแผล" (wound) is thus considered a metaphorical expression since its basic meaning contrasts with the contextual meaning, however can still be understood when compared; that is "บาดแผล" (wound) for depression can be thought of as physical wounds for other concrete injuries. These metaphorical expressions can therefore evoke strong emotional impact by linking words to sensory experiences.

4.1.2 BEING DEPRESSED IS DESCENT

Being depressed is conceptualized as descent, an act of going down which normally occurs with our everyday physical experience. Various actions of descent, as identified in the corpus, are classified as falling into a hole, falling straight down, sinking, and falling down to a lower level. Depressed patients usually feel down when experiencing depression because of the inability or difficulty in getting up. However, the ability to pull oneself up means that patients try to get away from being down or depressed. Five conceptual mappings of this conceptual metaphor, along with 15 types, can be identified as follows:

Source domain	Target domain
FALLING INTO A HOLE	→ BEING DEPRESSED
FALLING STRAIGHT DOWN	→ BEING DEPRESSED
SINKING	→ BEING DEPRESSED
FALLING DOWN TO A LOWER LEVEL	→ BEING DEPRESSED
PULLING ONESELF UP	→ TRYING TO GET AWAY FROM BEING DEPRESSED

1. FALLING INTO A HOLE → BEING DEPRESSED

This conceptual mapping consists of 3 types related to the source domain FALLING INTO A HOLE: "ลงหลุม" (down to the hole), "ตกหลุม" (fall into a hole), and "หลุมดำ" (black hole).

The type "ลงหลุม" (down to the hole) was identified 2 times in the corpus, yielding 2 tokens as underlined in the following sentences:

(57) ทรงๆแต่ไม่มีอะไรดีขึ้น เจอเรื่องอะไรก็ดิ่ง<u>ลงหลุม</u>ที่รู้สึกว่าไม่มีใครช่วยเราได้

Translation: I'm so-so; nothing's getting any better. When facing any issues, I fall straight *down to the hole* where nobody can help.

(58) ดีขึ้นกว่าตอนเริ่มรักษามากแล้ว แต่ก็ยัง<u>ลงหลุม</u>เป็นช่วงๆ

Translation: It's a lot better than the start of treatment, but I'm still *down to the hole* periodically.

The type "ตกหลุม" (fall into a hole) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(59) เราจะไป<u>*ตกหลุม*</u>อะไรอีกตอนไหนก็ไม่รู้ สิ่งที่สำคัญคือ ถ้าเราเริ่มลุกขึ้นมาจากหลุมได้เองแล้ว เจอเรื่องอะไรเราก็จะผ่านไปได้

Translation: Whenever we *fall into a hole*, the important thing is that if we are able to get up from the hole by ourselves, we'll be able to pass through any matter.

The type "หลุมดำ" (black hole) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(60) เหมือนอยู่ใน<u>*หลุมดำ*</u>ตลอดเวลา ทรมานมาก ก็เลยฝึกมาเรื่อยๆ เห็นคุณค่าในตัวเอง

Translation: It's like I'm in a _black hole_ all the time. I'm suffering a lot. Then, I try to value myself.

These three types are related to the conceptualization of being depressed as falling into a hole. While "ลงหลุม" (down to the hole) and "ตกหลุม" (fall into a hole) deal with the action of falling into a hole, "หลุมดำ" (black hole) however concerns the color of the hole.

2. FALLING STRAIGHT DOWN → BEING DEPRESSED

This conceptual mapping consists of 1 type related to the source domain FALLING STRAIGHT DOWN: "ดิ่ง" (fall straight down).

The type "ดิ่ง" (fall straight down) was identified 23 times in the corpus, yielding 23 tokens as underlined in the following sentences:

(61) ผ่านไปแล้วกับเดือนแห่งความพัง ตอนนี้เริ่ม<u>ดิ่ง</u>อีกละ

Translation: The month of wreck has passed by already. Now, I'm starting to _fall straight down_ again.

(62) เรา<u>ดิ่ง</u>มากนะ ถ้าตายไปอะไรๆคงดีเสียกว่า

Translation: I'm really _falling straight down_. It'd be better if I d***.

(63) ความรู้สึกคือ กราฟที่ตก <u>ดิ่ง</u>มากๆ

Translation: My feeling is like a graph that falls, really _falling straight down_.

(64) พอเราร้องไห้ หดหู่ <u>ดิ่ง</u>หนักๆ ก็ไม่กล้ามาคุยกับเรา เพราะไม่รู้จะพูดอะไร

Translation: When I'm crying, depressed, and _falling straight down_ heavily, they are not brave enough to talk to me because they don't know what to say.

(65) กำลัง<u>ดิ่ง</u>ลงเรื่อยๆ คิดว่าน่าจะเกิดจากความเก็บกดที่สะสมอยู่ในทุกๆวัน

Translation: I'm _falling straight down_ continually. I think that it might be from the repression accumulated every day.

(66) ไปต่อไม่ได้ อารมณ์<u>ดิ่ง</u>มาก

Translation: I can't move on. My emotion is really _falling straight down_.

(67) หลายอาทิตย์นี้ down บ่อยมากไม่ถึงกับ<u>ดิ่ง</u>หนักเหมือนตอนนั้น

Translation: These weeks, I'm often down, but I'm not *falling straight down* as heavily as back then.

(68) <u>ดิ่ง</u>มากๆ ก็จะคิดซ้ำไปซ้ำมา เราไม่ได้อยากตายจริงๆหรอก เราแค่อยากจะผ่านจุดนี้ไป เราแค่อยากมีชีวิตที่ดีกว่านี้

Translation: When I really *fall straight down*, I'll repeat my thoughts. It's not that I want to die. I just want to pass this point, having a better life.

(69) เรานอนกอดแมวทุกคืนเลย แต่ช่วงนี้<u>ดิ่ง</u>มาก แมวก็ช่วยไม่ไหว

Translation: I hug my cat and sleep every night, but these days I'm really *fall straight down*; my cat can't help.

(70) ทรงๆแต่ไม่มีอะไรดีขึ้น เจอเรื่องอะไรก็<u>ดิ่ง</u>ลงหลุมที่รู้สึกว่าไม่มีใครช่วยเราได้

Translation: I'm so-so; nothing's getting any better. When facing any issues, I *fall straight down* to the hole where nobody can help.

(71) เราไม่มีความมั่นใจอะไรเลย ชีวิตอยู่<u>ดิ่งๆ</u>ดาวน์ๆ จนวันนึงเรารู้สึกว่าเราอยู่แบบนี้ไม่ได้

Translation: I don't have any confidence. My life is *falling straight down*. I think I couldn't live like this anymore.

(72) ถ้ายังมีความคิดว่าไม่อยากอยู่แล้วถือว่า<u>ดิ่ง</u>มากนะ ขอให้ผ่านมันไปให้ได้นะ

Translation: If you still think you don't want to live your life, you are really *falling straight down*. May you overcome it.

(73) กลับบ้านมา 6 โมง ก็<u>ดิ่ง</u> ไม่รู้<u>ดิ่ง</u>เรื่องอะไร

Translation: I've arrived home at 6 o'clock, *falling straight down*. I don't even know what it's about.

(74) เวลามัน<u>ดิ่ง</u>แบบนี้ มองอะไรก็ไม่สวยงามเลยนะ <u>ดิ่ง</u>นอนนิ่งมาสองสามวัน

Translation: Whenever I *fall straight down* like this, nothing appears beautiful. It's been a few days.

(75) ทำไมเอาแต่<u>ดิ่ง</u> ถอนหายใจ รู้ว่าเดี๋ยวมันจะผ่านไป แต่เมื่อไหร่กันหนอ

Translation: Why do I keep *falling straight down* and sighing? I know that this will pass, but I don't know when.

(76) แค่ต้องพยายามไม่ให้มัน<u>ดิ่ง</u>ลงไปมากกว่านี้ รออีกสักหน่อยคงดีขึ้นละมั้ง

Translation: I just need to try not to _fall straight down_ further than this. I might need to wait a bit more to feel better.

(77) ขณะที่ชีวิตกำลังดี แต่กลับกำลังจม<u>ดิ่ง</u>ลงเรื่อยๆ

Translation: While my life is going well, I'm however gradually sinking and _falling straight down_.

(78) ไม่เคยคิดจะหยุดยาเองเลย เพราะถ้าหยุดก็คือ<u>ดิ่ง</u>ลงนรก

Translation: I've never thought about quitting the medication myself. If I did, I would _fall straight down_ to hell.

(79) ขอให้ทนช่วง<u>ดิ่ง</u>หนักๆไปให้ได้ พอพ้นช่วงทรมานก็สบาย เอาใจช่วย

Translation: May you be able to endure the period of _falling straight down_. After the period of suffering, you will be relieved. Wish you success.

(80) ถ้าจะให้เล่ามันก็จะยาวไปหมด มันยากมากที่จะสรุปเรื่องสั้นๆว่าทำไม<u>ดิ่ง</u>

Translation: If I had to tell it, it would be very long. It's very difficult to summarize in a nutshell why I'm _falling straight down_.

(81) อย่าห่วงเรื่องนั้นเลย ห่วงเรื่องไม่กินยา แล้วจะ<u>ดิ่ง</u>ดีกว่า

Translation: Don't worry about that thing. You'd better be worried about not taking medicine, because otherwise you'll _fall straight down_

"ดิ่ง" (fall straight down) indicates the conceptualization of being depressed as falling straight down. This type does not only involve the action of falling down, it also demonstrates a straight direction.

3. SINKING → BEING DEPRESSED

This conceptual mapping consists of 1 type related to the source domain SINKING: "จม" (sink).

The type "จม" (sink) was identified 4 times in the corpus, yielding 4 tokens as underlined in the following sentences:

(82) การที่จะเผชิญโรคซึมเศร้านี่มันไม่ง่ายเลย เรายัง<u>จม</u>กับมัน

Translation: Confronting depression is not easy at all. I'm still _sinking_.

(83) <u>จม</u>อยู่เป็นปีๆ จนวันนึงเราทำใจยอมรับ แล้วเราก็ทำใจได้แล้วเลิก<u>จม</u>อยู่กับความรู้สึก ในที่สุดก็ผ่านมันไปได้

Translation: _Sinking_ for years, I finally accepted it. I've come to terms with it and stopped _sinking_ into my feelings. Eventually, I managed to overcome it.

(84) ขณะที่ชีวิตกำลังดี แต่กลับกำลัง<u>จม</u>ดิ่งลงเรื่อยๆ

Translation: While my life is going well, I'm however gradually _sinking_ and falling straight down.

The type "จม" (sink) indicates the conceptualization of being depressed as sinking. Sentences (82) - (83) rather emphasize the stagnation of sinking whereas (84) focuses on the action of sinking.

4. FALLING DOWN TO A LOWER LEVEL → BEING DEPRESSED

This conceptual mapping consists of 8 types related to the source domain FALLING DOWN TO A LOWER LEVEL: "ตกลง" (fall down), "ตกต่ำ" (bottom out), "ลงมา" (come down to), "ตกนรก" (fall into hell), "ร่วง" (fall off), "ลง" (down), "ตก" (fall), ,and "ลงนรก" (down to hell).

The type "ตกลง" (fall down) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(85) ชีวิต<u>ตกลง</u>ไปอยู่ในจุดที่พูดได้ว่าตกต่ำที่สุดตั้งแต่มีชีวิตมา

Translation: My life has _fallen down_ to the lowest point.

The type "ตกต่ำ" (bottom out) was identified 2 times in the corpus, yielding 2 tokens as underlined in the following sentences:

(86) ชีวิตตกลงไปอยู่ในจุดที่พูดได้ว่า<u>ตกต่ำ</u>ที่สุดตั้งแต่มีชีวิตมา

Translation: My life has _bottomed out_.

(87) ในเวลาที่ชีวิต<u>ตกต่ำ</u> ก็ได้แค่หายใจต่อไป

Translation: Only keep breathing when life _bottoms out_.

The type "ลงมา" (come down to) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(88) ชีวิตคง<u>ลงมา</u>ถึงช่วงแย่ที่สุดแล้ว หายใจยังผิด

Translation: Life has probably _come down to_ its worst point. Even breathing is wrong.

The type "ตกนรก" (fall into hell) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(89) ใครไม่เจอกับตัวไม่รู้หรอกว่ามันทรมานแค่ไหน _ตกนรก_ ในใจเป็นแบบนี้นี่เอง

Translation: Anyone who hasn't experienced it will never know how suffering it is. This is how _falling into hell_ in the mind is actually like.

The type "ร่วง" (fall off) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(90) คนรอบข้างยังลืมไปเลยว่าคุณไม่สบายเรื้อรังจนกระทั่งคุณ_ร่วง_ พลังชีวิตหรี่ลงทุกที

Translation: Until you _fall off_, people close to you fail to notice that you have a chronic illness. My vital force is fading.

The type "ลง" (down) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(91) ยังขึ้นๆ_ลง_ๆ แต่ก็ควบคุมตัวเองได้แล้ว

Translation: I'm still having ups and _downs_, but I can control myself.

The type "ตก" (fall) was identified 6 times in the corpus, yielding 6 tokens as underlined in the following sentences:

(92) จิต_ตก_ แต่เราก็ยังฝืนดึงตัวเองขึ้นมา

Translation: My mind is _falling_ (depressed), but I force myself to pull myself up.

(93) จิต_ตก_ นะ

Translation: My mind is _falling_ (depressed).

(94) ถ้าช่วงที่จิต_ตก_ ถึงขั้นไม่อยากอยู่จัดๆ จะไปหาคุณหมอช่วยปรับยาให้

Translation: During the time of depression _(mind falls)_, if I get to the point where I really don't want to stay, I will go to the doctor to help adjust the medication.

(95) เกรี้ยวกราดง่าย ไม่ก็เศร้าจิต_ตก_ ไปเลย ต้องปรับยาทุกเดือน

Translation: I easily get angry and depressed _(mind falls)_. Every month, my medication dosage needs to be adjusted.

(96) จิต_ตก_ ละ

Translation: My mind is _falling_ (depressed).

(97) ความรู้สึกคือ กราฟที่_ตก_ ดิ่งมากๆ

Translation: My feeling is like a graph that _falls_, really falling straight down.

The type "ลงนรก" (down to hell) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(98) ไม่เคยคิดจะหยุดยาเองเลย เพราะถ้าหยุดก็คือดิ่ง_ลงนรก_

Translation: I've never thought about quitting the medication myself. If I did, I would fall straight _down to hell_.

All types identified above are related to the conceptualization of being depressed as falling down to a lower level. Out of eight types, "ตกนรก" (fall into hell) and "ลงนรก" (down to hell) are similar in a way that the word "hell" is attached to indicate a lower place.

5. PULLING ONESELF UP → TRYING TO GET AWAY FROM BEING DEPRESSED

This conceptual mapping consists of 2 types related to the source domain PULLING ONESELF UP: "ดึงขึ้นมา" (pull up) and "ลุกขึ้นมา" (get up).

The type "ดึงขึ้นมา" (pull up) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(99) จิตตก แต่เราก็ยังฝืนดึงตัวเอง_ขึ้นมา_

Translation: My mind is falling (depressed), but I force myself to _pull myself up_.

The type "ลุกขึ้นมา" (get up) was identified 3 times in the corpus, yielding 3 tokens as underlined in the following sentences:

(100) พักใจก่อน แล้วค่อย_ลุกขึ้นมา_ใหม่

Translation: Rest your mind first, and then _get up_ again.

(101) เราจะไปตกหลุมอะไรอีกตอนไหนก็ไม่รู้ สิ่งที่สำคัญคือ ถ้าเราเริ่ม_ลุกขึ้นมา_จากหลุมได้เองแล้ว เจอเรื่องอะไรเราก็จะผ่านไปได้

Translation: Whenever we fall into a hole, the important thing is that if we are able to _get up_ from the hole by ourselves, we'll be able to pass through any matter.

(102) เราก็ต้อง_ลุกขึ้นมา_หาวิธีเอาตัวรอดด้วยตัวเอง

Translation: We must _get up_ and find a way to survive by ourselves.

These two types are related to the conceptualization of trying to get away from being depressed as pulling oneself up. Both "ดึงขึ้นมา" (pull up) and "ลุกขึ้นมา" (get up) reveal the attempt of a depressed patient in recovering from depression by pulling oneself up and getting up.

In summary, all the above types of metaphorical expressions in association with the source domain DESCENT can be considered figurative because they are all in connection with our ordinary physical experience of descent. As can be seen from the sample statements, using these expressions with "depression" does not mean that depressed patients are physically going down; however, it suggests the state of being mentally down when employed as non-literal. For example, "ตกหลุม" (fall into a hole) was used metaphorically even though we are not in the physical down position, but we might perceive being depressed of as being down. The expression "ตกหลุม" (fall into a hole) is consequently considered a metaphorical expression in a way that it can be conceptualized as falling into a physical hole. These metaphorical expressions, therefore, helps convey a meaning beyond their literal definition.

4.1.3 DEPRESSION IS A VISITOR

Depression is conceptualized as a visitor. Some patients have suffered from depression for a lifetime due to its recurrence, just as a visitor normally comes and goes. Depressed patients consequently act as a host who offers a place for a visitor, that is depression, to stay. Depression is thus considered a visitor who visits depressed patients in their minds from time to time; as a result, patients become depressed whenever it visits. Once depressed patients realize that depression is just a visitor who comes and goes, they accept living with depression as a visitor. In other words, depression may recur. The acceptance of depression as a visitor can thus enable patients to live with it more comfortably. Two conceptual mappings of this conceptual metaphor, along with 11 types, can be identified as follows:

Source domain		Target domain
A VISITOR	→	DEPRESSION
ACCEPTING A VISITOR	→	LIVING WITH DEPRESSION

1. A VISITOR → DEPRESSION

This conceptual mapping consists of 4 types related to the source domain VISITOR: "กลับมา" (return), "ชั่วคราว" (temporary), "มาเยือน" (visit), and "เจอ" (meet).

The type "กลับมา" (return) was identified 4 times in the corpus, yielding 4 tokens as underlined in the following sentences:

(103) ความรู้สึกเศร้า*กลับมา*แล้ว เราจะผ่านมันได้ยังไง

Translation: The sad feeling has *returned*. How can I get through it?

(104) อาการวนลูป*กลับมา*อีกครั้ง

Translation: The symptoms have *returned* again.

(105) เราไม่แน่ใจว่าอาการเรา*กลับมา*อีก เรารู้สึกโดนล้อเลียน

Translation: I'm not sure if my symptoms has *returned*. I feel mocked.

(106) หมอบอกโรคที่เป็นอยู่หายแล้ว แต่ให้ยามากิน กลัวอาการมัน*กลับมา*

Translation: The doctor told me that my illness had disappeared, but he gave me medicine anyway, being afraid that it would *return*.

The type "ชั่วคราว" (temporary) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(107) แล้วเราจะยอมรับมันได้ มันเป็นแค่สภาวะ*ชั่วคราว*

Translation: We'll eventually accept it. It's just a *temporary* state.

The type "มาเยือน" (visit) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(108) หลังจากที่อารมณ์นิ่งมาหลายเดือน ดีเพรสก็*มาเยือน*อีกครั้ง

Translation: After several months of calmness, depression has *visited* me again.

The type "เจอ" (meet) was identified 3 times in the corpus, yielding 3 tokens as underlined in the following sentences:

(109) คุณจะไม่มีทางเข้าใจเรื่องพวกนี้จนกว่าจะได้*เจอ*มันด้วยตัวเอง

Translation: You will never understand these things until you experience *(met)* them yourself.

(110) หวังว่าทุกอย่างจะดีขึ้นในโลกโหดร้ายที่ไม่มีใครได้*เจอ*

Translation: Hopefully, everything will be better in this cruel world that no one has ever experienced *(met)*.

(111) ใครไม่*เจอ*กับตัวไม่รู้หรอกว่ามันทรมานแค่ไหน ตกนรกในใจเป็นแบบนี้นี่เอง

Translation: Anyone who hasn't experienced *(met)* it will never know how suffering it is. This is how falling into hell in the mind is actually like.

All these types are related to the conceptualization of depression as a visitor. "กลับมา" (return), "มาเยือน" (visit), and "เจอ" (meet) are common verbs used in our daily communication to describe the action associated with a visitor while the word "ชั่วคราว" (temporary) indicates that a visitor only stays for a while.

2. ACCEPTING A VISITOR → LIVING WITH DEPRESSION

This conceptual mapping consists of 7 types related to the source domain ACCEPTING A VISITOR: "ต้องปรับ" (should adjust), "ใช้ชีวิต" (live), "ยอมรับ" (accept), "ปรับใจ" (adjust the mind), "อยู่กับ" (stay with), "อยู่ร่วมกัน" (live together), and "อยู่ด้วยกัน" (stay together).

The type "ต้องปรับ" (should adjust) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(112) เราไม่รู้เลยต้องใช้เวลานานเท่าไหร่ถึงจะหาย หรือ*ต้องปรับ*แล้วใช้ชีวิตอยู่กับโรคนี้ไปตลอด

Translation: I never know how long it will take for the illness to disappear, or I *should adjust* myself in order to live and stay with it forever.

The type "ใช้ชีวิต" (live) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(113) เราไม่รู้เลยต้องใช้เวลานานเท่าไหร่ถึงจะหาย หรือต้องปรับแล้ว*ใช้ชีวิต*อยู่กับโรคนี้ไปตลอด

Translation: I never know how long it will take for the illness to disappear, or I should adjust myself in order to *live* and stay with it forever.

The type "ยอมรับ" (accept) was identified 8 times in the corpus, yielding 8 tokens as underlined in the following sentences:

(114) ช่วงนี้*ยอมรับ*อารมณ์ลบของตัวเอง แล้วก็ทำอะไรที่เหมือนการระบายอารมณ์ ที่เก็บกดออกมาบ้างก็ healthy ดี ก็หายไปเอง

Translation: These days, I *accept* my own negative emotions, and do things that I can release my repressed emotions. They disappear, and I'm now healthy.

(115) ไม่ต้องไปแคร์ว่าจะหายขาดหรือไม่หายขาด อยู่เฉยๆก็ปรับใจ*ยอมรับ*ซะงั้น

Translation: Not caring about whether it will be completely gone or not, I just stay still and adjust my mind to *accept* it.

(116) เราไม่รู้จะ*ยอมรับ*ความจริงให้ได้ยังไง เหนื่อยมากๆเลย

Translation: I don't know how to *accept* the truth. I'm exhausted.

(117) ถ้าแก้ไม่ได้ก็ต้อง*ยอมรับ*ที่จะอยู่กับมันให้ได้

Translation: If you can't solve it, you have to *accept* that you need to stay with it.

(118) เราเศร้ามา 2 เดือนติด เสียหลักไปเลย เรากำลังพยายามเหมือนกัน แล้วเราจะ*ยอมรับ*มันได้ มันเป็นแค่สภาวะชั่วคราว

Translation: I've been depressed for 2 months in a row, completely losing my balance. I'm trying too. We'll eventually *accept* it. It's just a temporary state.

(119) จมอยู่เป็นปีๆ จนวันนึงเราทำใจ*ยอมรับ* แล้วเราก็ทำใจได้แล้วเลิกจมอยู่กับความรู้สึก ในที่สุดก็ผ่านมันไปได้

Translation: Sinking for years, I finally *accepted* it. I've come to terms with it and stopped sinking into my feelings. Eventually, I managed to overcome it.

(120) เรียนรู้ที่จะอยู่ร่วมกัน ฉัน*ยอมรับ*"เขา" ฉันเริ่มปล่อยวาง

Translation: I am learning to live together and *accept* "him". I started to let go.

(121) เมื่อฉันได้พบและพูดคุยกับหมอ ฉันค่อยๆเริ่มเปิดใจ*ยอมรับ*เธอแทนการผลักไส ขอเพียง "ฉัน" และ "เธอ" เรียนรู้ที่จะอยู่ด้วยกัน

Translation: When I met and talked with the doctor, I gradually started to open my mind and *accept* you instead of pushing you away. "I" and "you" just need to learn to stay together.

The type "ปรับใจ" (adjust the mind) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(122) ไม่ต้องไปแคร์ว่าจะหายขาดหรือไม่หายขาด อยู่เฉยๆก็*ปรับใจ*ยอมรับซะงั้น

Translation: Not caring about whether it will be completely gone or not, I just stay still and *adjust my mind* to accept it.

The type "อยู่กับ" (stay with) was identified 4 times in the corpus, yielding 4 tokens as underlined in the following sentences:

(123) เราไม่รู้เลยต้องใช้เวลานานเท่าไหร่ถึงจะหาย หรือต้องปรับแล้วใช้ชีวิต*อยู่กับ*โรคนี้ไปตลอด

Translation: I never know how long it will take for the illness to disappear, or I should adjust myself in order to live and *stay with* it forever.

(124) ถ้าเศร้าก็จะไม่กดไว้ นั่ง*อยู่กับ*มันสักพัก ดีขึ้นแล้วค่อยไปต่อ

Translation: If I'm sad, I won't repress it. I just sit and *stay with* it for a while, and move on when getting better.

(125) โรคนี้*อยู่กับ*เรานานจนพรุ่งนี้เราตื่นมาจะเศร้าเรื่องอะไรดี

Translation: This illness has *stayed with* me so long that I have no idea what to be sad about for tomorrow.

(126) ถ้าแก้ไม่ได้ก็ต้องยอมรับที่จะ*อยู่กับ*มันให้ได้

Translation: If you can't solve it, you have to accept that you need to *stay with* it.

The type "อยู่ร่วมกัน" (live together) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(127) เรียนรู้ที่จะ*อยู่ร่วมกัน* ฉันยอมรับ"เขา" ฉันเริ่มปล่อยวาง

Translation: I am learning to *live together* and accept "him". I started to let go.

The type "อยู่ด้วยกัน" (stay together) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(128) เมื่อฉันได้พบและพูดคุยกับหมอ ฉันค่อยๆเริ่มเปิดใจยอมรับเธอแทนการผลักไส ขอเพียง "ฉัน" และ "เธอ" เรียนรู้ที่จะ*อยู่ด้วยกัน*

Translation: When I met and talked with the doctor, I gradually started to open my mind and accept you instead of pushing you away. "I" and "you" just need to learn to *stay together*.

All seven types are related to the conceptualization of living with depression as accepting a visitor. These verbs as shown in (112) - (128) indicate that patients try to accept depression as a visitor to comfort their own feelings. "อยู่กับ" (stay with), "อยู่ร่วมกัน" (live together), and "อยู่ด้วยกัน" (stay together) all share the same meaning but different word choices, therefore resulting in different types of metaphorical expressions.

In conclusion, these types of metaphorical expressions in association with the source domain VISITOR can be considered figurative because they are all related to our physical experience of meeting visitors; even though depression is not visible like a physical visitor, these expressions related to visitors however suggest the existence of their depression just as a physical visitor when being used nonliterally. For instance, "มาเยือน" (visit) was used metaphorically even though we cannot really see depression as a visitor through our naked eyes, but we may be aware that depression has the same potential to visit us as physical visitors. The expression "มาเยือน" (visit) is thus considered a metaphorical expression since its basic meaning contrasts with the contextual meaning, however can still be understood when compared; that is "มาเยือน" (visit) as of depression can be thought of as an action of a visitor. These metaphorical expressions can therefore simplify complex ideas by linking them to more familiar concepts.

4.1.4 DEPRESSION IS AN OPPONENT

Depression is conceptualized as an opponent in which a depressed patient must fight over a certain period. Patients may use various methods (e.g., medications) to fight depression. Controlling depression, just as controlling an opponent, is also necessary to prevent it from becoming too intense. Patients may win or lose the battle, depending on the many factors they face. If they can defeat their opponent, they will consider themselves as fighters. If not, depressed patients may end up thinking that they are losers. Five conceptual mappings of this conceptual metaphor, along with 18 types, can be identified as follows:

Source domain   Target domain

FIGHTING AN OPPONENT   →   DEALING WITH DEPRESSION

A WAY TO FIGHT AN OPPONENT → A WAY TO DEAL WITH DEPRESSION

CONTROLLING AN OPPONENT → CONTROLLING DEPRESSION

A FIGHTER → A DEPRESSED PERSON

BEING A LOSER → BEING DEFEATED BY DEPRESSION

1. FIGHTING AN OPPONENT → DEALING WITH DEPRESSION

This conceptual mapping consists of 7 types related to the source domain FIGHTING AN OPPONENT: "ต่อสู้" (battle), "สู้" (fight), "กัดฟันสู้" (grit teeth and fight), "ฮึด สู้" (fight hard), "เผชิญ" (confront), "สู้ไม่ถอย" (not give up), and "ฮึด" (exert oneself).

The type "ต่อสู้" (battle) was identified 5 times in the corpus, yielding 5 tokens as underlined in the following sentences:

(129) คำแนะนำดีๆจากเพื่อนๆ ทำให้เรามีไฟที่จะ*ต่อสู้*

Translation: Good advice from friends gives me the fire to *battle*.

(130) เราต้อง*ต่อสู้*กับตัวเองมากๆ

Translation: I have to *battle with* myself a lot.

(131) นอนอย่างเดียวแล้วก็เศร้า นั่งแล้วก็น้ำตาไหล ใครจะอยากเป็นแบบนี้ เราคุมมันไม่ได้ในบาง ที พยายาม*ต่อสู้*แล้ว

Translation: Sleeping made me feel sad. I sat and burst into tears. Who wants to be like this? I can't restrict it sometimes, but I've already tried to *battle*.

(132) ระบาย *ต่อสู้*ลำพังก็ว่าเหนื่อยแล้ว ยังจะมาซ้ำเติมกันอีก

Translation: Just releasing my feelings. *Battling* alone is exhausting enough, but someone aggravated me.

(133) เราเลือกที่จะเผชิญหน้า*ต่อสู้*กับสิ่งที่เป็น แทนที่จะ"ยอมแพ้"

Translation: I decided to confront and *battle* with it instead of surrendering.

The type "สู้" (fight) was identified 31 times in the corpus, yielding 31 tokens in total as underlined in the following sentences:

(134)   สุดท้ายก็คงมีแค่ตัวเราเองที่ต้อง*สู้*ต่อไป   เราก็ไม่รู้จริงๆว่าเราจะกัดฟันสู้แบบนี้ได้อีกสัก เท่าไหร่

Translation: In the end, there's only me who must continue *fighting*. I really don't know how long I need to grit my teeth and fight.

(135) ขอกำลังใจในการสู้ชีวิต เพื่อนๆมีวิธีแนะนำไหม

Translation: I'm asking you all for encouragement in *fighting* for life. Do you have any suggestions?

(136) สู้กันต่อไป

Translation: Let's keep *fighting* it

(137) ต้องเข้มแข็ง อดทน สู้กับมันให้ได้

Translation: You have to be strong and patient in order to be able to *fight* it.

(138) มาให้กำลังใจ สู้ๆนะ

Translation: I'm here to support you to *fight*.

(139) เหมาะสมที่จะเริ่มทำอะไรใหม่ๆเลย สู้ๆนะ

Translation: It's time to start doing something new. Just *fight*!

(140) ร้องออกมาเลยไม่เป็นไร ใครต่อใครว่าอ่อนแอก็ช่าง แล้วเราไปเริ่มต้นใหม่ เริ่มต้นใหม่ได้เสมอ สู้ๆ

Translation: It's okay to cry, no matter who says you're weak. Let's start over. You can always start over. Just *fight*!

(141) ระบายมันออกมา เรามาสู้กับความรู้สึกแบบนี้ไปด้วยกัน

Translation: Just release your feelings. Let's *fight* this feeling together.

(142) เก็บความรู้สึกแบบนี้มา วันนี้ร้องไห้ออกมาดีขึ้นมากเลย สู้ไปด้วยกันนะ

Translation: After having kept this feeling, I felt a lot better after crying. Let's keep *fighting* it together.

(143) รักษากายใจไปด้วยกันนะ เราจะสู้และอยู่เป็นกำลังใจให้กันต่อไปนะ

Translation: Let's cure our body and mind together. Let's *fight* and keep being each other's encouragement.

(144) สู้ๆนะ

Translation: Just *fight*!

(145) หาหมอ สู้ๆนะ

Translation: Go see a doctor. Just *fight*!

(146) ตัดความกังวลออกไป แล้วโฟกัสแค่นี้พอนะ สู้ๆ

Translation: Give up your worries, and focus only on this. Just *fight*!

(147) ส่งกำลังใจให้นะ ทางนี้ก็สู้เหมือนกัน

Translation: I give you encouragement. I'm *fighting* it too.

(148) สู้ๆ เป็นกำลังใจให้

Translation: Just *fight*! I give you encouragement.

(149) บอกว่าเราไม่ได้เป็นอะไรเลยนอกจากอ่อนแอและไม่สู้ เจ็บจนทุกวันนี้

Translation: I was told that I had no depression, but that I was weak and I didn't try to *fight*. I'm still hurt these days.

(150) สู้เอง เจ็บเอง ร้องไห้เอง

Translation: I myself *fought*, got hurt, and cried.

(151) สู้เข้าไว้นะ เรายังมีกันอยู่เสมอ

Translation: Keep *fighting*! We'll always have each other.

(152) จะสู้ไปด้วยกันนะ

Translation: I'm going to *fight* it with you.

(153) ระบายเถอะ ยินดีรับฟังนะ แล้วก็บอกได้ว่าสู้ ๆ นะ เป็นกำลังใจให้ เราก็ไม่รู้จะปลอบยังไง

Translation: Just release your feelings. I'm willing to listen. The only thing I can tell you is to keep *fighting*. I give you encouragement. I don't know how to comfort you.

(154) สู้ๆนะ เราเป็นกำลังใจให้ ตอนนี้เราผ่านพ้นช่วงนั้นมาแล้ว

Translation: Just *fight*! I give you encouragement. I've passed through that time.

(155) สู้ๆนะ ท่องไว้ว่าแล้วมันก็จะผ่านไป เป็นห่วง

Translation: Just *fight*! Keep in mind that it will pass. I am worried about you.

(156) สู้นะ

Translation: Just *fight*!

(157) สู้ ๆ นะ อดทนต่อไป ยังไงก็มีพวกเราเข้าใจกันอยู่

Translation: Just *fight*! Stay patient. We still understand each other, no matter what.

(158) พยายามเข้มแข็งนะ แล้วมันจะผ่านไป เพื่อนๆในห้องนี้เคยมีอาการแบบนี้เกือบทุกคน สู้ๆ

Translation: Try to be strong. It will eventually pass. Almost all of us have experienced this as well. Just *fight*!

(159) <u>สู้ๆ</u> เป็นกำลังใจให้ด้วยอีกคน

Translation: Just <u>*fight*</u>! I give you encouragement as well.

(160) ไม่ต่างกันเลย <u>สู้</u>ๆนะ

Translation: Same here. Just <u>*fight*</u>!

(161) ต้อง<u>สู้</u>ต่อไป แค่มีความคิดที่แอบท้อ

Translation: I must continue <u>*fighting*</u>. I'm just having a discouraging thought.

(162) เข้ามากอดให้กำลังใจนะ ถึงจะไม่รู้จักกัน แต่ความทรมาน ความลำบากที่ต้อง<u>สู้</u>กับความรู้สึกแบบนี้ ทุกคนในห้องเข้าใจกันดี ว่ามันยากขนาดไหน

Translation: I come in here to give you a hug and encouragement. Even though we don't know each other, with the suffering and difficulty of having to <u>*fight*</u> these feelings, everyone in the room understands well how difficult it is.

(163) ยิ่งรู้สึกว่าตัวเองล้มเหลว อ่อนแอ แต่จริงๆ เราไม่ได้แพ้นะ เราแค่หมดแรงที่จะ<u>สู้</u> ซึ่งการเติมพลังช่วงแบบนี้มันก็ยากเหลือเกิน กว่ามันจะผ่านไป เวลาสั้นๆแต่รู้สึกนานมาก แต่ยังไงก็จะส่งกำลังใจไปให้ ณ ตอนนี้ที่ยังมีแรงนะ

Translation: Despite feeling like a failure and weak, we actually did not lose. We're just running out of energy to <u>*fight*</u>. It's very difficult to recharge during times like this. It takes time to overcome it. This short period of time feels so long. However, I'll give you encouragement while I still have energy.

(164) เป็นกำลังใจให้นะ <u>สู้</u>ๆนะ มีอะไรมาระบายในนี้ได้

Translation: I give you encouragement. Just <u>*fight*</u>! You can release your feelings here.

The type "กัดฟันสู้" (grit teeth and fight) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(165) สุดท้ายก็คงมีแค่ตัวเราเองที่ต้องสู้ต่อไป เราก็ไม่รู้จริง ๆว่าเราจะ<u>*กัดฟันสู้*</u>แบบนี้ได้อีกสักเท่าไหร่

Translation: In the end, there's only me who must continue fighting. I really don't know how long I need to <u>*grit my teeth and fight*</u>.

The type "ฮึดสู้" (fight hard) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(166) พยายามทำทุกทางเท่าที่ทำได้แล้ว แต่ก็ไม่สามารถยับยั้งได้ น้ำตาไหลพรากหลังจากที่<u>ฮึดสู้</u>

Translation: I've tried all the ways I could, but I couldn't inhibit it. I was in tears after *fighting hard*.

The type "เผชิญ" (confront) was identified 2 times in the corpus, yielding 2 tokens as underlined in the following sentences:

(167) เราเลือกที่จะ*เผชิญ*หน้าต่อสู้กับสิ่งที่เป็น แทนที่จะ"ยอมแพ้"

Translation: I decided to *confront* and battle with it instead of surrendering.

(168) การที่จะ*เผชิญ*โรคซึมเศร้านี่มันไม่ง่ายเลย เรายังจมกับมัน

Translation: *Confronting* depression is not easy at all. I'm still sinking.

The type "สู้ไม่ถอย" (not give up) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(169) *สู้ไม่ถอย*

Translation: *Don't give up*.

The type "ฮึด" (exert oneself) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(170) อาการจะกำเริบหนักช่วงซัมเมอร์ทุกที ไม่อยากกลับไปเป็นอีก พยาม*ฮึด* ผ่านไปให้ได้ แต่ไม่แน่ใจเลย

Translation: The symptoms tend to recur every summer. I don't want it to happen again. I'm trying to *exert myself* to get through it, but I'm not sure whether I can make it.

All these 7 types are related to the conceptualization of dealing with depression as fighting an opponent. Despite the shared meaning of the verbs "ต่อสู้" (battle) and "สู้" (fight), the latter is more likely to be used for encouragement among depressed patients. "กัดฟันสู้" (grit teeth and fight), "ฮึดสู้" (fight hard), and "ฮึด" (exert oneself), however, reveal that patients have to fight all attempts to overcome the illness, regardless of uncertainty and difficulty.

2. A WAY TO FIGHT AN OPPONENT → A WAY TO DEAL WITH DEPRESSION

This conceptual mapping consists of 2 types related to the source domain A WAY TO FIGHT AN OPPONENT: "วิธี" (method) and "ทุกทาง" (all the ways).

The type "วิธี" (method) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(171) ขอกำลังใจในการสู้ชีวิต เพื่อนๆมี<u>วิธี</u>แนะนำไหม

Translation: I'm asking you all for encouragement in fighting for life. Do you have any suggestions <u>*(methods)*</u>?

The type "ทุกทาง" (all the ways) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(172) พยายามทำ<u>ทุกทาง</u>เท่าที่ทำได้แล้ว แต่ก็ไม่สามารถยับยั้งได้ น้ำตาไหลพรากหลังจากที่ฮึดสู้

Translation: I've tried <u>*all the ways*</u> I could, but I couldn't inhibit it. I was in tears after fighting hard.

3. CONTROLLING AN OPPONENT → CONTROLLING DEPRESSION

This conceptual mapping consists of 3 types related to the source domain CONTROLLING AN OPPONENT: "จัดการ" (take charge of), "ป้องกัน" (protect), and "ยับยั้ง" (inhibit).

The type "จัดการ" (take charge of) was identified 8 times in the corpus, yielding 8 tokens as underlined in the following sentences:

(173) แค่สามารถ<u>จัดการ</u>อารมณ์ตัวเองได้ดีขึ้น ก็ดีมากแล้ว

Translation: Just being able to <u>*take charge of*</u> my own emotions is great enough.

(174) แล้วคุณจะค่อยๆดีขึ้นนะ เป็นกำลังใจให้นะ อย่ากดดันตัวเองให้ไม่เศร้านะ เรื่องแบบนี้ต้องใช้เวลา<u>จัดการ</u>กับอารมณ์

Translation: You will gradually get better. I give you encouragement. Don't put pressure on yourself to not be sad. Emotional things take time to <u>*take charge of.*</u>

(175) <u>จัดการ</u>ความรู้สึกไม่เป็นทำให้อาการกำเริบ ยาก็ช่วยให้เราหลุดจากอาการ

Translation: When being unable to <u>*take charge of*</u> my own feelings, the symptoms recur. Medication, however, helps recover from it.

(176) พยายามฟังพอดแคสต์ ก็ยัง<u>จัดการ</u>อารมณ์ตัวเองไม่ได้อยู่ดี

Translation: I tried to listen to podcasts, but I still can't <u>*take charge of*</u> my own emotions.

(177) เราพบว่าเราสามารถรู้เท่าทันและ<u>จัดการ</u>ได้

Translation: I found that I could recognize its trick and *take charge of* it.

(178) ปรับมุมมองและฝึกทักษะ*จัดการ*ความรู้สึก

Translation: Modify your viewpoints and practice *taking charge of* your own feelings.

(179) หานักจิตบำบัดคุยไปยาวๆเพื่อฝึกให้เรา*จัดการ*มันเป็น

Translation: You need long-term sessions with a psychotherapist in order to be able to *take charge of* it.

(180)   หมอบอกอนาคตถ้ามีแนวโน้มดีขึ้นจะงดริสเพอริโดนด้วย   ขอแค่สามารถ*จัดการ*อารมณ์ตัวเองได้ดีกว่านี้

Translation: The doctor says that, in the future, if there is a chance of improvement, he will stop prescribing risperidone. Just being able to *take charge of* my own emotions is required.

The type "ป้องกัน" (protect) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(181) อาการกำเริบ ปกติหมอจะให้กินยาคุมอารมณ์ไปเรื่อยๆเพื่อ*ป้องกัน*อาการกำเริบ

Translation: When the symptoms recur, the doctor usually asks me to keep taking medicine to restrict my emotions and *protect* against the recurrence of the symptoms.

The type "ยับยั้ง" (inhibit) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(182) พยายามทำทุกทางเท่าที่ทำได้แล้ว แต่ก็ไม่สามารถ*ยับยั้ง*ได้ น้ำตาไหลพรากหลังจากที่ฮึดสู้

Translation: I've tried all the ways I could, but I couldn't *inhibit* it. I was in tears after fighting hard.

All verbs, which are "จัดการ" (take charge of), "ป้องกัน" (protect), and "ยับยั้ง" (inhibit), are common metaphorical expressions found in the fighting context to control the opponent. This reveals that controlling depression is thought of as controlling an opponent.

4. A FIGHTER ➜ A DEPRESSED PERSON

This conceptual mapping consists of 1 type related to the source domain FIGHTER: "นักสู้" (fighter).

The type "นักสู้" (fighter) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(183) เราเชื่อว่าสักวันตัวเองจะเป็น*นักสู้*ที่เก่งที่สุด เพราะตัวเองเคยผ่านมันมาแล้ว

Translation: I believe I will be the greatest *fighter* one day because I used to get through it.

The noun "นักสู้" (fighter) was used here in (183) as self-empowerment to point out that a depressed person can be considered a great fighter in a battle against depression.

5. BEING A LOSER ➔ BEING DEFEATED BY DEPRESSION

This conceptual mapping consists of 5 types related to the source domain BEING A LOSER: "แตกพ่าย" (routed), "ยอมแพ้" (surrender), "แพ้" (lose), "อ่อนแอ" (weak), and "ความอ่อนแอ" (weakness).

The type "แตกพ่าย" (routed) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(184) มีเรื่องมากระทบใจเยอะไปหน่อย เลย*แตกพ่าย*

Translation: Because of many things affecting my mind, I was *routed*.

The type "ยอมแพ้" (surrender) was identified 5 times in the corpus, yielding 5 tokens as underlined in the following sentences:

(185) เรารู้สึกว่าเราผิดตลอดเวลา แต่ก็ไม่อยาก*ยอมแพ้*

Translation: I feel that I'm wrong all the time, but I don't want to *surrender*.

(186) เป็นกำลังใจให้ทุกคนนะ ทุกคนหายได้แน่นอน อย่า*ยอมแพ้*นะ

Translation: I give encouragement to you all. Everyone can recover. Don't *surrender*.

(187) การเดินทางนี้อาจจะยาวนานจวบจนลมหายใจสุดท้าย แต่ฉันตั้งใจแน่วแน่ว่า "ฉันจะไม่*ยอมแพ้*"

Translation: This journey may last till my last breath, but I'm determined not to *surrender*.

(188) ไม่ว่าจะยังไง ขอให้เชื่อมั่นว่ามันจะต้องดีขึ้น อย่าเพิ่ง*ยอมแพ้* กอดๆ

Translation: Just believe that it will get better no matter what. Don't *surrender*. Give you a hug.

(189) เราเลือกที่จะเผชิญหน้าต่อสู้กับสิ่งที่เป็น แทนที่จะ"*ยอมแพ้*"

Translation: I decided to confront and battle with it instead of _surrendering_.

The type "แพ้" (lose) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(190) ยิ่งรู้สึกว่าตัวเองล้มเหลว อ่อนแอ แต่จริงๆ เราไม่ได้<u>แพ้</u>นะ เราแค่หมดแรงที่จะสู้ ซึ่งการเติมพลังช่วงแบบนี้มันก็ยากเหลือเกิน กว่ามันจะผ่านไป เวลาสั้นๆแต่รู้สึกนานมาก แต่ยังไงก็จะส่งกำลังใจไปให้ ณ ตอนนี้ที่ยังมีแรงนะ

Translation: Despite feeling like a failure and weak, we actually did not _lose_. We're just running out of energy to fight. It's very difficult to recharge during times like this. It takes time to overcome it. This short period of time feels so long. However, I'll give you encouragement while I still have energy.

The type "อ่อนแอ" (weak) was identified 3 times in the corpus, yielding 3 tokens as underlined in the following sentences:

(191) ยิ่งรู้สึกว่าตัวเองล้มเหลว _อ่อนแอ_ แต่จริงๆ เราไม่ได้แพ้นะ เราแค่หมดแรงที่จะสู้ ซึ่งการเติมพลังช่วงแบบนี้มันก็ยากเหลือเกิน กว่ามันจะผ่านไป เวลาสั้นๆแต่รู้สึกนานมาก แต่ยังไงก็จะส่งกำลังใจไปให้ ณ ตอนนี้ที่ยังมีแรงนะ

Translation: Despite feeling like a failure and _weak_, we actually did not lose. We're just running out of energy to fight. It's very difficult to recharge during times like this. It takes time to overcome it. This short period of time feels so long. However, I'll give you encouragement while I still have energy.

(192) บอกว่าเราไม่ได้เป็นอะไรเลยนอกจาก_อ่อนแอ_และไม่สู้ เจ็บจนทุกวันนี้

Translation: I was told that I had no depression, but that I was _weak_ and I didn't try to fight. I'm still hurt these days.

(193) ร้องออกมาเลยไม่เป็นไร ใครต่อใครว่า_อ่อนแอ_ก็ช่าง แล้วเราไปเริ่มต้นใหม่ เริ่มต้นใหม่ได้เสมอ สู้ๆ

Translation: It's okay to cry, no matter who says you're _weak_. Let's start over. You can always start over. Just fight!

The type "ความอ่อนแอ" (weakness) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(194) ที่ดูร่าเริง สนุกสนาน เพื่อปกปิด_ความอ่อนแอ_และบาดแผลในใจ

Translation: I pretend to look joyful and cheerful in order to conceal my _weakness_ and wounds in my mind.

All these 5 types are related to the concept BEING A LOSER. However, the verbs "ยอมแพ้" (surrender) and "แพ้" (lose) in (185) - (190) were used among patients to encourage one another instead of blaming themselves.

To sum up, all these types of metaphorical expressions in association with the source domain OPPONENT can be considered figurative since they are all related to our physical experience of fighting; even though having depression is not having an actual fight in the physical battlefield, these expressions relevant to OPPONENT however suggest the existence of their depression as their opponent to fight against. All the above mappings are therefore based on similarities at the cognitive level. As an illustration, "ต่อสู้" (battle) was used metaphorically even though, in reality, we are unable to see depression as a physical opponent, but we may think of it as an opponent that we need to fight otherwise we will be defeated. The expression "ต่อสู้" (battle) is therefore regarded a metaphorical expression since its basic meaning contrasts with the contextual meaning, however can still be understood when compared; that is "ต่อสู้" (battle) for depression can be thought of as a physical battle against an opponent. These metaphorical expressions thus help bring abstract ideas, such as depression, to life in a more relatable and engaging way.

4.1.5 DEPRESSION IS A JOURNEY

Depression is conceptualized as a journey, revealing the similarities between the illness and journey in certain aspects. The JOURNEY concept does not mean that patients are physically going somewhere; instead, it suggests all the events happening along the way of having depression. While some might perceive depression as a journey, others might regard it as a journey without a destination. Other depressed patients in the group can be considered friends during the journey of depression due to shared experiences. Moving on is also a part of a journey in which patients try to relieve themselves from depression. The ability to recover from depression reveals that patients need to overcome

depression no matter how hard it is. Five conceptual mappings of this conceptual metaphor, along with 19 types, can be identified as follows:

Source domain		Target domain
BEING ON A JOURNEY	→	HAVING DEPRESSION
A JOURNEY WITHOUT DESTINATION	→	BEING DEPRESSED
FRIENDS ALONG THE JOURNEY	→	OTHER DEPRESSED PATIENTS
MOVING ON	→	RELIEF FROM DEPRESSION
ABILITY TO OVERCOME OBSTACLES	→	ABILITY TO RECOVER FROM DEPRESSION

1. BEING ON A JOURNEY → HAVING DEPRESSION

This conceptual mapping consists of 1 type related to the source domain BEING ON A JOURNEY: "การเดินทาง" (traveling).

The type "การเดินทาง" (traveling) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(195) *การเดินทาง*นี้อาจจะยาวนานจวบจนลมหายใจสุดท้าย แต่ฉันตั้งใจแน่วแน่ว่า "ฉันจะไม่ยอมแพ้"

Translation: This journey *(traveling)* may last till my last breath, but I'm determined not to surrender.

Being on a journey is one of the most mundane activities in our daily lives. The noun "การเดินทาง" (traveling) was used in (195) to conceptualize having depression as being on a journey, no matter how long the distance is.

2. A JOURNEY WITHOUT DESTINATION → BEING DEPRESSED

This conceptual mapping consists of 6 types related to the source domain A JOURNEY WITHOUT DESTINATION: "ไม่มีจุดหมาย" (pointless), "เคว้ง" (aimless), "ไม่มีเป้าหมาย" (no goal), "หมดหนทาง" (no path), "กลางทาง" (midway), and "ไร้จุดหมาย" (without destination).

The type "ไม่มีจุดหมาย" (pointless) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(196) รู้สึกไม่มีกำลังใจ มัน*ไม่มีจุดหมาย*เลย

Translation: I have no encouragement. It seems *pointless*.

The type "เคว้ง" (aimless) was identified 2 times in the corpus, yielding 2 tokens as underlined in the following sentences:

(197) ไม่รู้จะก้าวไปทางไหนต่อ *เคว้ง*ไปหมด

Translation: I don't know which way to walk. I'm just *aimless*.

(198) อยากทำจิตบำบัดจริงจังมากๆ เผื่อจะดีขึ้นระยะยาว ไม่*เคว้ง*กลางทาง

Translation: I really want to have psychotherapy in order to get better in the long run so that I won't be *aimless* midway.

The type "ไม่มีเป้าหมาย" (no goal) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(199) รู้สึกเหมือนตัวคนเดียวไม่มีใครเข้าใจ *ไม่มีเป้าหมาย*ไม่มีแรงบันดาลใจ

Translation: Feeling like I'm alone and that no one understands. I have *no goal* and no inspiration.

The type "หมดหนทาง" (no path) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(200) การที่ป่วยมันทำให้เราไร้อนาคต หมดหวัง *หมดหนทาง*

Translation: While being ill, I see no future. I have no hope and *no path*.

The type "กลางทาง" (midway) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(201) อยากทำจิตบำบัดจริงจังมากๆ เผื่อจะดีขึ้นระยะยาว ไม่เคว้ง*กลางทาง*

Translation: I really want to have psychotherapy in order to get better in the long run so that I won't be aimless *midway*.

The type "ไร้จุดหมาย" (without destination) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(202) ไม่เคยมีความรู้สึกแบบนี้มานานแล้ว มันโหวงๆบอกไม่ถูก ชีวิตดู*ไร้จุดหมาย* ดูไร้ค่า

Translation: I haven't felt like this in a long time. It's somehow weightless. My life seems *without destination* and worthless.

All these 6 types are related to the conceptualization of being depressed as a journey without destination. "ไม่มีจุดหมาย" (pointless), "ไม่มีเป้าหมาย" (no goal), "หมดหนทาง" (no path), and "ไร้จุดหมาย" (without destination) similarly share close meanings regarding having "no" destination at the very beginning of the journey whereas "เคว้ง" (aimless) and "กลางทาง" (midway) indicate the nothingness that arises during the journey.

3. FRIENDS ALONG THE JOURNEY → OTHER DEPRESSED PATIENTS

This conceptual mapping consists of 6 types related to the source domain FRIENDS ALONG THE JOURNEY: "อยู่ข้าง ๆ" (by your side), "นั่งพักข้าง ๆ" (rest beside you), "อยู่ตรงนี้" (right here), "คอย" (await), "อยู่" (be), and "จับมือ" (hold hands).

The type "อยู่ข้าง ๆ" (by your side) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(203) เรา<u>*อยู่ข้าง ๆ*</u> คุณเสมอ

Translation: I'm always <u>*by your side*</u>.

The type "นั่งพักข้าง ๆ" (rest beside you) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(204) งั้นขออนุญาต<u>*นั่งพักข้าง ๆ*</u>นะคะ เราก็ low battery

Translation: May I <u>*rest beside you*</u>? My battery is low too.

The type "อยู่ตรงนี้" (right here) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(205) เป็นกำลังใจ<u>*อยู่ตรงนี้*</u>นะ

Translation: I'm <u>*right here*</u>, encouraging you.

The type "คอย" (await) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(206) จะ<u>*คอย*</u>เป็นกำลังใจให้เสมอนะ

Translation: I will always be <u>*(await)*</u> there to support you.

The type "อยู่" (be) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(207) รักษากายใจไปด้วยกันนะ เราจะสู้และ<u>*อยู่*</u>เป็นกำลังใจให้กันต่อไปนะ

Translation: Let's cure our body and mind together. Let's fight and keep _being_ each other's encouragement.

The type "จับมือ" (hold hands) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(208) เป็นกำลังใจให้นะ จับมือผ่านไปด้วยกัน

Translation: I give you encouragement. Let's _hold hands_ and get through it together.

Depressed patients appeared to be friends along the journey of depression by the use of the types expressed in (203) - (208). These metaphorical expressions such as "อยู่ข้าง ๆ" (by your side), similar to normal situation, highlight what friends are supposed to do to support one another when problems arise. Likewise, depressed patients are considered friends along the journey since they share mutual experiences of depression.

4. MOVING ON ➜ RELIEF FROM DEPRESSION

This conceptual mapping consists of 3 types related to the source domain MOVING ON: "ไปต่อ" (move on), "เดินต่อไปข้างหน้า" (keep walking forward), and "ก้าวไปทางไหนต่อ" (which way to walk).

The type "ไปต่อ" (move on) was identified 3 times in the corpus, yielding 3 tokens as underlined in the following sentences:

(209) _ไปต่อ_ไม่ได้ อารมณ์ดิ่งมาก

Translation: I can't _move on_. My emotion is really falling straight down.

(210) สำหรับเราเป็นปีที่_ไปต่อ_ไม่ไหวแล้ว

Translation: For me, it's a year that I can no longer _move on_.

(211) ถ้าเศร้าก็จะไม่กดไว้ นั่งอยู่กับมันสักพัก ดีขึ้นแล้วค่อย_ไปต่อ_

Translation: If I'm sad, I won't repress it. I just sit and stay with it for a while, and _move on_ when getting better.

The type "เดินต่อไปข้างหน้า" (keep walking forward) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(212) เหมือนไม่รู้จะ_เดินต่อไปข้างหน้า_ยังไงในเมื่อมันไม่มีหวังเลย

Translation: It's like I don't know how to _keep walking forward_ when there's no hope at all.

The type "ก้าวไปทางไหนต่อ" (which way to walk) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(213) ไม่รู้จะ_ก้าวไปทางไหนต่อ_ เคว้งไปหมด

Translation: I don't know _which way to walk_. I'm just aimless.

All types mentioned in (209) - (213) concern the ability to move on. However, "ไปต่อ" (move on) and "เดินต่อไปข้างหน้า" (keep walking forward) share the same meaning and deal with the ability to move forward while "ก้าวไปทางไหนต่อ" (which way to walk) focuses more on the direction to keep moving.

5. ABILITY TO OVERCOME OBSTACLES → ABILITY TO RECOVER FROM DEPRESSION

This conceptual mapping consists of 3 types related to the source domain ABILITY TO OVERCOME OBSTACLES: "ผ่าน" (pass), "ผ่านพ้น" (pass through), and "ก้าวข้าม" (step over).

The type "ผ่าน" (pass) was identified 32 times in the corpus, yielding 32 tokens as underlined in the following sentences:

(214) ความรู้สึกเศร้ากลับมาแล้ว เราจะ_ผ่าน_มันได้ยังไง

Translation: The sad feeling has returned. How can I get through _(pass)_ it?

(215) ดิ่งมากๆก็จะคิดซ้ำไปซ้ำมา เราไม่ได้อยากตายจริงๆหรอก เราแค่อยากจะ_ผ่าน_จุดนี้ไป เราแค่อยากมีชีวิตที่ดีกว่านี้

Translation: When I really fall straight down, I'll repeat my thoughts. It's not that I want to die. I just want to _pass_ this point, having a better life.

(216) ขอให้_ผ่าน_ไปได้เร็วๆ นะ

Translation: Hope you can get over _(pass)_ it soon.

(217) เตือนตัวเองว่าหนักกว่านี้ก็_ผ่าน_มาแล้ว

Translation: I keep reminding myself that I used to overcome _(pass)_ more severe symptoms.

(218) จิตใจหดหู่จริงๆ ฝืนเพื่อจะได้_ผ่าน_ช่วงเวลาเลวร้ายไป

Translation: My mind is really depressed. I'm forcing myself to get through *(pass)* the bad times.

(219) เรารู้ว่าแล้วสักวันสถานการณ์นี้จะ*ผ่าน*ไป

Translation: I know that one day this situation will *pass*.

(220) เราจะ*ผ่าน*ไปได้ใช่ไหม

Translation: Can we really make it through *(pass)*?

(221) เราเชื่อว่าสักวันตัวเองจะเป็นนักสู้ที่เก่งที่สุด เพราะตัวเองเคย*ผ่าน*มันมาแล้ว

Translation: I believe I will be the greatest fighter one day because I used to get through *(pass)* it.

(222) จะ*ผ่าน*จุดที่ยากลำบากตรงนี้ไปได้แน่ๆในซักวันหนึ่ง

Translation: I will definitely get through *(pass)* this difficult point one day.

(223) เก่งมากๆเลยที่*ผ่าน*วันนั้นมาได้ เราเองก็เพิ่ง*ผ่าน*วันแบบนั้นมาได้ไม่กี่วัน มันยากมากๆจริงๆ ของเราแทบจะหาเหตุผลให้อยู่ต่อไม่ได้เลย เป็นกำลังใจให้นะ เราจะต้อง*ผ่าน*มันไปให้ได้ มา*ผ่าน*มันไปด้วยกันนะ

Translation: It's very good of you that you could make it through *(pass)* that day. I've myself also got through *(pass)* it in a few days. It's very difficult. I could hardly find a reason to stay. I give you encouragement. We'll have to get through *(pass)* it. Let's get through *(pass)* it together.

(224) ไม่ได้มีคุณที่เดียวดายอยู่คนเดียวนะ มีเราและเพื่อนๆที่ยินดีรับฟัง เรามา*ผ่าน*เรื่องหนักๆนี้ไปด้วยกัน ก้าวข้ามมันไปด้วยกันนะ

Translation: You're not alone. We're all willing to listen to you. Let's get through *(pass)* this heavy thing together. Let's step over it together.

(225) จะ*ผ่าน*ไปให้ได้

Translation: I'll make it through *(pass)*.

(226) จมอยู่เป็นปีๆ จนวันนึงเราทำใจยอมรับ แล้วเราก็ทำใจได้แล้วเลิกจมอยู่กับความรู้สึก ในที่สุดก็*ผ่าน*มันไปได้

Translation: Sinking for years, I finally accepted it. I've come to terms with it and stopped sinking into my feelings. Eventually, I managed to overcome *(pass)* it.

(227) เสียใจมากๆ แต่ก็จะพยายาม*ผ่าน*มันไปให้ได้

Translation: I'm very sad, but I'll try to make it through *(pass)*.

(228) เป็นกำลังใจให้นะ เราเชื่อว่าคุณก็ต้อง*ผ่าน*มันไปได้เหมือนเราแน่นอน

Translation: I give you encouragement. I believe that you can make it through *(pass)*, like me.

(229) ถ้ายังมีความคิดว่าไม่อยากอยู่แล้วถือว่าดิ่งมากนะ ขอให้*ผ่าน*มันไปให้ได้นะ

Translation: If you still think you don't want to live your life, you are really falling straight down. May you overcome *(pass)* it.

(230) ทำไมเอาแต่ดิ่ง ถอนหายใจ รู้ว่าเดี๋ยวมันจะ*ผ่าน*ไป แต่เมื่อไหร่กันหนอ

Translation: Why do I keep falling straight down and sighing? I know that this will *pass*, but I don't know when.

(231) สู้ๆนะ ท่องไว้ว่าแล้วมันก็จะ*ผ่าน*ไป เป็นห่วง

Translation: Just fight! Keep in mind that it will *pass*. I am worried about you.

(232) พยายามเข้มแข็งนะ แล้วมันจะ*ผ่าน*ไป เพื่อนๆในห้องนี้เคยมีอาการแบบนี้เกือบทุกคน สู้ๆ

Translation: Try to be strong. It will eventually *pass*. Almost all of us have experienced this as well. Just fight!

(233) ยิ่งรู้สึกว่าตัวเองล้มเหลว อ่อนแอ แต่จริงๆ เราไม่ได้แพ้นะ เราแค่หมดแรงที่จะสู้ ซึ่งการเติมพลังช่วงแบบนี้มันก็ยากเหลือเกิน กว่ามันจะ*ผ่าน*ไป เวลาสั้นๆแต่รู้สึกนานมาก แต่ยังไงก็จะส่งกำลังใจไปให้ ณ ตอนนี้ที่ยังมีแรงนะ

Translation: Despite feeling like a failure and weak, we actually did not lose. We're just running out of energy to fight. It's very difficult to recharge during times like this. It takes time to overcome *(pass)* it. This short period of time feels so long. However, I'll give you encouragement while I still have energy.

(234) *ผ่าน*มันไปด้วยกันเนอะ

Translation: Let's get through *(pass)* it together.

(235) อาการจะกำเริบหนักช่วงซัมเมอร์ทุกที ไม่อยากกลับไปเป็นอีก พยามฮึด *ผ่าน*ไปให้ได้แต่ไม่แน่ใจเลย

Translation: The symptoms tend to recur every summer. I don't want it to happen again. I'm trying to exert myself to get through *(pass)* it, but I'm not sure whether I can make it.

(236) เวลาแย่ พยาม*ผ่าน*มันไปให้ได้

Translation: When having hard times, try to get through *(pass)* it.

(237) กอดๆ เป็นกำลังใจให้ ขอให้*ผ่าน*ไปได้ด้วยดี

Translation: I give you hugs and encouragement. Hope you can make it through *(pass)*.

(238) เป็นกำลังใจให้นะ แล้วมันจะ*ผ่าน*ไปด้วยดี

Translation: I give you encouragement. It will eventually *pass* smoothly.

(239) แล้วพวกเราจะ*ผ่าน*มันไปด้วยกัน

Translation: We'll make it through *(pass)* together.

(240) มาพยายาม*ผ่าน*ความรู้สึกนี้ได้ด้วยกันนะ

Translation: Let's try to get through *(pass)* this feeling together.

(241) แล้วมันจะ*ผ่าน*ไปด้วยดี

Translation: It will eventually *pass* smoothly.

(242) เป็นกำลังใจให้นะ จับมือ*ผ่าน*ไปด้วยกัน

Translation: I give you encouragement. Let's hold hands and get through *(pass)* it together.

The type "ผ่านพ้น" (pass through) was identified 3 times in the corpus, yielding 3 tokens as underlined in the following sentences:

(243) พยายามอดทนมานานขนาดนี้ เก่งมากเลย ขอให้*ผ่านพ้น*ไปได้ด้วยดีทุกอย่างนะ

Translation: You've tried to be patient for so long. Good job! Hope you *pass through* everything without difficulty.

(244) ขอให้*ผ่านพ้น*ช่วงที่เลวร้ายไปได้ เป็นกำลังใจให้นะ

Translation: Hope you can *pass through* bad times. I give you encouragement.

(245) สู้ๆนะ เราเป็นกำลังใจให้ ตอนนี้เรา*ผ่านพ้น*ช่วงนั้นมาแล้ว

Translation: Just fight! I give you encouragement. I've *passed through* that time.

The type "ก้าวข้าม" (step over) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(246) ไม่ได้มีคุณที่เดียวดายอยู่คนเดียวนะ มีเราและเพื่อนๆที่ยินดีรับฟัง เรามาผ่านเรื่องหนักๆนี้ไปด้วยกัน *ก้าวข้าม*มันไปด้วยกันนะ

Translation: You're not alone. We're all willing to listen to you. Let's get through this heavy thing together. Let's *step over* it together.

From the data, these 3 types (i.e., "ผ่าน" (pass), "ผ่านพ้น" (pass through), and "ก้าว ข้าม" (step over)) all have the same meaning which concerns the ability to overcome the obstacles along the journey of depression in order to recover from it. It is remarkable that these verbs were mostly used for support and encouragement.

To summarize, all these types of metaphorical expressions in association with the source domain JOURNEY can be considered metaphorical because they are all related to our physical experience of traveling; although having depression is not a physical move from one place to another, however, expressions related to journey allow us to perceive depression as a journey because depression also takes time, just as a journey. All the mappings are thus based on the similarities at the cognitive level. To give an example, "การเดินทาง" (traveling) was used metaphorically despite the fact that we are not traveling physically, but we can perceive having depression as being on a journey. The expression "การเดินทาง" (traveling) is consequently considered a metaphorical expression since its basic meaning contrasts with the contextual meaning, however can still be understood when compared; that is "การเดินทาง" (traveling) for depression can be thought of as physical travel that takes time and might contain obstacles along the way. Accordingly, these journey-related metaphorical expressions may at least create vivid images in the mind of the reader or listener, making descriptions more engaging and memorable.

4.1.6 DEPRESSION IS A HEAVY ENTITY

Depression is conceptualized as a heavy entity since it appears to be a heavy load that depressed patients must withstand. Depression can cause emotional pressure on patients; thus, they feel that everything is heavy when they cannot handle the illness. The weight of the entity on patients can vary depending on the severity of depression. However, relief from depression can be thought of as unloading a heavy entity in a way that patients feel they are better off without it. Three conceptual mappings of this conceptual metaphor, along with six types, can be identified as follows:

Source domain		Target domain
A HEAVY ENTITY	→	DEPRESSION
LOADING A HEAVY ENTITY	→	EXPERIECING DEPRESSION
UNLOADING A HEAVY ENTITY	→	RELIEF FROM DEPRESSION

1. A HEAVY ENTITY → DEPRESSION

This conceptual mapping consists of 1 type related to the source domain A HEAVY ENTITY: "หนัก" (heavy).

The type "หนัก" (heavy) was identified 8 times in the corpus, yielding 8 tokens as underlined in the following sentences:

(247) เตือนตัวเองว่า_หนัก_กว่านี้ก็ผ่านมาแล้ว

Translation: I keep reminding myself that I used to overcome more severe _(heavier)_ symptoms.

(248) วันนี้อาการมัน_หนัก_ชัด เลยมาระบาย

Translation: Today, my symptoms are severe _(heavy)_, so I need to release my feelings.

(249) อะไรที่_หนัก_ ๆ อยู่เลยพา fail _หนัก_ไปอีก ชีวิตไม่มีคนที่รู้สึกว่าคุยได้ด้วยจริง ๆ

Translation: Things are _heavy_. I fail so _heavily_. There is no one in my life that I can really talk to.

(250) จากที่สภาพจิตใจจะเริ่มดีขึ้นกลายเป็นว่าจะกลับไป_หนัก_กว่าเดิม

Translation: A better state of mind turns out to be _heavier_.

(251) มัน_หนัก_สำหรับเรามาก เรารู้สึกว่าเราไม่อยากมีชีวิตอยู่ต่อ เราไม่มีใครเลย

Translation: It is too _heavy_ for me. I no longer want to continue living my life. I have nobody at all.

(252) ช่วงนี้_หนัก_มากจนต้องกลับไปทำจิตบำบัด ช่วยคลายปมในใจได้มากเลย

Translation: My illness is severe _(heavy)_ these days, so I need to go back to therapeutic sessions. This greatly helps loosen the knot in my mind.

(253) พวกเรามักมี anxiety และ depress ก็เลยจะ_หนัก_หน่อย แต่สุดท้ายมันไม่น่ากลัวเท่าที่เราคิด หรอก ค่อยๆกระดื๊บๆไป

Translation: Our symptoms are _heavy_ because we tend to have both anxiety and depression. However, in the end, it's not as scary as we think. Just move slowly.

According to sentences (247) - (253), depression is thought of as a heavy entity on patients with the use of the word "หนัก" (heavy). In other words, depression is so severe that patients can feel its weight.

2. LOADING A HEAVY ENTITY → EXPERIECING DEPRESSION

This conceptual mapping consists of 3 types related to the source domain LOADING A HEAVY ENTITY: "กระดึ๊บๆ" (move slowly), "แบก" (carry), and "หน่วงๆ" (hold me back).

The type "กระดึ๊บๆ" (move slowly) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(254) พวกเรามักมี anxiety และ depress ก็เลยจะหนักหน่อย แต่สุดท้ายมันไม่น่ากลัวเท่าที่เราคิด หรอก ค่อยๆ_กระดึ๊บๆ_ไป

Translation: Our symptoms are heavy because we tend to have both anxiety and depression. However, in the end, it's not as scary as we think. Just _move slowly_.

The type "แบก" (carry) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(255) ดันมาเจอว่าป่วยซึมเศร้า _แบก_อาการความรู้สึกไม่ไหวจนขอเข้าหาหมอที่นี่

Translation: I found out that I became depressed. I can no longer _carry_ my feelings, so I need to see a doctor here.

The type "หน่วงๆ" (hold me back) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(256) มัน_หน่วงๆ_อยู่เหมือนกัน แต่ฮึบได้ไวขึ้นกว่าเมื่อก่อน

Translation: It's _holding me back_, but I can get better faster than before.

Since depression is viewed as a heavy entity, the words "กระดึ๊บๆ" (move slowly), "แบก" (carry), and "หน่วงๆ" (hold me back) are all related to loading a heavy entity. When patients have a heavy entity on them, they either appear to move slowly or have to carry it with difficulty because of its weight.

3. UNLOADING A HEAVY ENTITY → RELIEF FROM DEPRESSION

This conceptual mapping consists of 2 types related to the source domain UNLOADING A HEAVY ENTITY: "วาง" (lay down) and "ปล่อยวาง" (let go).

The type "วาง" (lay down) was identified 2 times in the corpus, yielding 2 tokens as underlined in the following sentences:

(257) เราอึดอัด เราอยาก<u>วาง</u>

Translation: I feel cramped. I'd like to <u>*lay it down*</u> (let go).

(258) มีอะไรไม่สบายใจก็มาเล่าสู่กันฟัง วันนี้<u>วาง</u>ไว้ก่อน นอนเอาแรง

Translation: If not feeling well, come talk to us. Today, just <u>*lay it down*</u> (let go), and get enough sleep.

The type "ปล่อยวาง" (let go) was identified 2 times in the corpus, yielding 2 tokens as underlined in the following sentences:

(259) หมอบอกว่าเราไม่<u>*ปล่อยวาง*</u>

Translation: The doctor says I won't <u>*let it go*</u>.

(260) เรียนรู้ที่จะอยู่ร่วมกัน ฉันยอมรับ"เขา" ฉันเริ่ม<u>*ปล่อยวาง*</u>

Translation: I am learning to live together and accept "him". I started to <u>*let go*</u>.

Both "วาง" (lay down) and "ปล่อยวาง" (let go) in the Thai context are associated with the concept UNLOADING A HEAVY ENTITY as illustrated in (257) - (260). Apparently, these two verbs possess the same meaning and are used very similarly. In order to feel more relieved, a person needs to stop thinking about the past. In other words, it is no longer heavy if a person lets it go.

To conclude, these types of metaphorical expressions in association with the source domain HEAVY ENTITY can be regarded figurative because they are all related to our physical experience of heavy things; even though depression cannot literally be measured on a physical scale, these expressions related to this concept, however, suggest the patients' awareness of its weight on them mentally. To illustrate, "แบก" (carry) was used metaphorically even though we do not physically carry depression, its weight affect sufferers psychologically as if they were carrying a heavy entity. The expression "แบก" (carry) is thus considered a metaphorical expression since its basic meaning

contrasts with the contextual meaning, however it still makes sense when used nonliterally; that is "แบก" (carry) as of depression can be thought of as carrying a physical heavy entity. By relating this abstract idea of depression to more concrete ones such as a physical heavy entity, the above metaphorical expressions, therefore, help make the abstract nature of depression easier to understand.

4.1.7 DEPRESSION IS A CONTAINER

Depression is conceptualized as a container. Patients find themselves trapped in a container. They feel unable to get out of the container. However, if patients can move out of the container, they may recover from depression. Three conceptual mappings of this conceptual metaphor, along with ten types, can be identified as follows:

Source domain		Target domain
A CONTAINER	→	DEPRESSION
BEING INSIDE A CONTAINER	→	EXPERIENCING DEPRESSION
COMING OUT OF A CONTAINER	→	RELIEF FROM DEPRESSION

1. A CONTAINER → DEPRESSION

This conceptual mapping consists of 1 type related to the source domain CONTAINER: "ปลดล็อก" (unlock).

The type "ปลดล็อก" (unlock) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(261) พอ*ปลดล็อก*โรคซึมเศร้าได้ ก็ทำให้มีกำลังใจรักษาโรคจิตเวชอื่นได้ง่ายขึ้น จุดเริ่มต้นอยู่ที่การมีวินัยเรื่องทานยา

Translation: When depression can be *unlocked*, it makes it easier to treat other mental illnesses. The starting point is being disciplined about taking medicine.

The verb "ปลดล็อก" (unlock) indicates that depression can be unlocked, just as a container with a door closed.

2. BEING INSIDE A CONTAINER → EXPERIENCING DEPRESSION

This conceptual mapping consists of 4 types related to the source domain BEING INSIDE A CONTAINER: "หลุดเข้าไป" (slip into), "วนเวียน" (circle around), "ห้วง" (realm), and "วนไปวนมา" (round and round).

The type "หลุดเข้าไป" (slip into) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(262) บางทีถ้าเราเครียดมากๆมันก็*หลุดเข้าไป*ได้เหมือนกัน หาหมอปรับยาแล้วจะหลุดออกมาได้ในไม่กี่วัน

Translation: When we are extremely stressed, it makes us *slip into* it. See a doctor and have your medication adjusted, then you'll be able to slip out of it in a few days.

The type "วนเวียน" (circle around) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(263) อดีตฉันเคยทนทุกทรมานกับสิ่งที่เป็น *วนเวียน*อยู่ในห้วงแห่งความเศร้า

Translation: I used to endure suffering in the past, *circling around* the realm of sadness.

The type "ห้วง" (realm) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(264) อดีตฉันเคยทนทุกทรมานกับสิ่งที่เป็น วนเวียนอยู่ใน*ห้วง*แห่งความเศร้า

Translation: I used to endure suffering in the past, circling around the *realm* of sadness.

The type "วนไปวนมา" (round and round) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(265) ตอนนี้เราเหมือนคนที่เดิน*วนไปวนมา* หาทางออกไม่ได้

Translation: Now, I'm like a person who keeps walking *round and round*, not seeing the exit.

These 4 types visualize a depressed person being trapped inside a container. Experiencing depression is illustrated by the use of the verbs "หลุดเข้าไป" (slip into), "วนเวียน" (circle around), "วนไปวนมา" (round and round), and a noun "ห้วง" (realm). The types "วนเวียน" (circle around) and "วนไปวนมา" (round and round) obviously share the same meaning but differ slightly in the choice of words.

3. COMING OUT OF A CONTAINER　→　RELIEF FROM DEPRESSION

This conceptual mapping consists of 5 types related to the source domain COMING OUT OF A CONTAINER: "หลุดออกมา" (slip out of), "พาออกมา" (bring oneself out), "ดึงออกมา" (pull oneself out), "ทางออก" (exit), and "หลุดจาก" (disjoin).

The type "หลุดออกมา" (slip out of) was identified 2 times in the corpus, yielding 2 tokens as underlined in the following sentences:

(266) แต่ก่อนเราทุกข์มาก _หลุดออกมา_ไม่ได้ ตอนนี้ช่างมัน สบายใจขึ้นเยอะเลย พอเรารู้ตัวเองเราก็พาตัวเองออกมา

Translation: In the past, I used to suffer a lot because I couldn't _slip out of_ it. Now, I just let it be and I feel much more at ease. Whenever I become aware of it, I can bring myself out.

(267) บางทีถ้าเราเครียดมากๆมันก็หลุดเข้าไปได้เหมือนกัน หาหมอปรับยาแล้วจะ_หลุดออกมา_ได้ในไม่กี่วัน

Translation: When we are extremely stressed, it makes us slip into it. See a doctor and have your medication adjusted, then you'll be able to _slip out of_ it in a few days.

The type "พาออกมา" (bring oneself out) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(268) แต่ก่อนเราทุกข์มาก หลุดออกมาไม่ได้ ตอนนี้ช่างมัน สบายใจขึ้นเยอะเลย พอเรารู้ตัวเองเราก็_พาตัวเองออกมา_

Translation: In the past, I used to suffer a lot because I couldn't slip out of it. Now, I just let it be and I feel much more at ease. Whenever I become aware of it, I can _bring myself out_.

The type "ดึงออกมา" (pull oneself out) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(269) ทุกครั้งที่เริ่มดีเพรส เราก็พยายาม_ดึงตัวออกมา_ได้สำเร็จ

Translation: When being depressed, I try to _pull myself out_ successfully.

The type "ทางออก" (exit) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(270) ตอนนี้เราเหมือนคนที่เดินวนไปวนมา หา*ทางออก*ไม่ได้

Translation: Now, I'm like a person who keeps walking round and round, not seeing the *exit*.

The type "หลุดจาก" (disjoin) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(271) จัดการความรู้สึกไม่เป็นทำให้อาการกำเริบ ยาก็ช่วยให้เรา*หลุดจาก*อาการ

Translation: When being unable to take charge of my own feelings, the symptoms recur. Medication, however, helps recover *(disjoin)* from it.

The verbs "หลุดออกมา" (slip out of), "พาออกมา" (bring oneself out), "ดึงออกมา" (pull oneself out), "หลุดจาก" (disjoin), and a noun "ทางออก" (exit) suggest a depressed person can come out of a container, despite being trapped inside. Once they can get out of it, they feel relieved.

To sum up, these types of metaphorical expressions in association with the source domain CONTAINER can be considered figurative because they are all related to our physical experience of tangible containers; despite the fact that depression cannot be physically opened or closed, the container-related metaphorical expressions nevertheless suggest the perception of depression as a real container. For instance, "ปลดล็อก" (unlock) was used metaphorically even though we cannot unlock depression in actuality, some patients think of it as being capable of being unlocked, just as a physical container. The expression "ปลดล็อก" (unlock) is considered a metaphorical expression since its basic meaning contrasts with the contextual meaning, however can still be understood when compared. Depression can therefore be thought of as a physical container containing sufferers. The above container-related metaphorical expressions may help simplify and clarify abstract or complex concepts such as depression by relating them to more familiar experiences such as our bodily in-out container experience.

4.1.8 DEPRESSION IS A SUBSTANCE IN A CONTAINER

Depression is also conceptualized as a substance in a container. A container is filled with pressurized substance called "depression". Pressure is related to the container

concept because it builds up inside the container. Often, when there is high intensity of pressure, some patients attempt to control their depression, just as they try to keep substance inside the container. However, when releasing, the substance can either exit the container or explode. Similarly, if patients express their overwhelming feelings, they might release these emotions by talking to someone else, bursting out crying, or even saying and doing something that is out of control. Three conceptual mappings of this conceptual metaphor, along with 14 types, can be identified as follows:

Source domain   Target domain
A PRESSURIZED SUBSTANCE IN A CONTAINER →   DEPRESSION
TRYING TO KEEP SUBSTANCE INSIDE THE CONTAINER → CONTROLLING DEPRESSION
THE SUBSTANCE GOING OUT OF THE CONTAINER → EXPRESSING THE EMOTION

1. A PRESSURIZED SUBSTANCE IN A CONTAINER → DEPRESSION

This conceptual mapping consists of 7 types related to the source domain A PRESSURIZED SUBSTANCE IN A CONTAINER: "กดดัน" (pressured), "อึดอัด" (cramped), "จุกอก" (choke up), "สะสม" (accumulate), "เก็บกด" (repressed), "เก็บ" (keep), and "ความเก็บกด" (repression).

The type "กดดัน" (pressured) was identified 7 times in the corpus, yielding 7 tokens as underlined in the following sentences:

(272) _กดดัน_ อึดอัด แบบนี้ทุกวัน ทุกเดือน

Translation: I feel _pressured_ and cramped every day and month.

(273) อย่าลืมใจดีกับตัวเอง อย่า_กดดัน_ตัวเองให้มาก ใช้ชีวิตให้มีความสุข

Translation: Don't forget to be kind to yourself. Don't put too much _pressure_ on yourself. Just live your life happily.

(274) เธอดีพอแล้ว ช่วงนี้_กดดัน_ตัวเองมากไป พอพูดอย่างนี้ ความเครียดก็น้อยลง

Translation: You're good enough. These days, you're putting too much _pressure_ on yourself. Saying this can lead to less stress.

(275) กลัวทุกอย่าง รู้สึก_กดดัน_มาก

Translation: I'm scared of everything. I'm feeling under a lot of _pressure_.

(276) มัน<u>กดดัน</u>มากเกินไปแล้ว เราไม่รู้จะเล่าให้ใครฟังจริงๆ

Translation: It's too much *pressure*. I really don't know who to talk to.

(277) แล้วคุณจะค่อยๆดีขึ้นนะ เป็นกำลังใจให้นะ อย่า<u>กดดัน</u>ตัวเองให้ไม่เศร้านะ เรื่องแบบนี้ต้องใช้เวลาจัดการกับอารมณ์

Translation: You will gradually get better. I give you encouragement. Don't put *pressure* on yourself to not be sad. Emotional things take time to take charge of.

(278) บางทีเราก็<u>กดดัน</u>ตัวเองมากเกินไป มันใกล้ระเบิดเต็มทีแล้ว

Translation: I sometimes put too much *pressure* on myself. It nearly explodes.

The type "อึดอัด" (cramped) was identified 5 times in the corpus, yielding 5 tokens as underlined in the following sentences:

(279) กดดัน <u>อึดอัด</u> แบบนี้ทุกวัน ทุกเดือน

Translation: I feel pressured and *cramped* every day and month.

(280) ขอบคุณสำหรับพื้นที่ระบาย เพราะ<u>อึดอัด</u>มานานละ

Translation: Thank you for the space to release because it has been *cramped* for a long time.

(281) <u>อึดอัด</u>จนอยากจะหายไปจากโลกใบนี้เลย

Translation: Feeling so *cramped* that I'd like to disappear from this world.

(282) เรา<u>อึดอัด</u> เราอยากวาง

Translation: I feel *cramped*. I'd like to let it go.

(283) จะเป็นกำลังใจให้เสมอนะ ถ้า<u>อึดอัด</u> ต้องการระบาย

Translation: I'm giving you encouragement in case you feel *cramped* and would like to release.

The type "จุกอก" (choke up) was identified 2 times in the corpus, yielding 2 tokens as underlined in the following sentences:

(284) มัน<u>จุกอก</u>จนพูดไม่ออก ร้องไห้ไม่ออก

Translation: I *choked up* and couldn't speak. I couldn't cry.

(285) ขอมาเศร้าตรงนี้นะ <u>จุกอก</u>มากจนไม่อยากพูด บ่นอะไรแล้ว

Translation: Being sad here, I've *choked up* so much that I don't want to speak or complain anymore.

The type "สะสม" (accumulate) was identified 2 times in the corpus, yielding 2 tokens as underlined in the following sentences:

(286) กำลังดิ่งลงเรื่อยๆ คิดว่าน่าจะเกิดจากความเก็บกดที่_สะสม_อยู่ในทุกๆวัน

Translation: I'm falling straight down continually. I think that it might be from the repression _accumulated_ every day.

(287) เมื่อ_สะสม_ไปเรื่อยๆ ทำให้เก็บกด จนกดไม่ไหว ระเบิดออก

Translation: As it continues to _accumulate_, it causes me to feel repressed until I cannot repress it, and it explodes.

The type "เก็บกด" (repressed) was identified 3 times in the corpus, yielding 3 tokens as underlined in the following sentences:

(288) ช่วงนี้ยอมรับอารมณ์ลบของตัวเอง   แล้วก็ทำอะไรที่เหมือนการระบายอารมณ์ ที่_เก็บกด_ ออกมาบ้างก็ healthy ดี ก็หายไปเอง

Translation: These days, I accept my own negative emotions, and do things that I can release my _repressed_ emotions. They disappear, and I'm now healthy.

(289) เมื่อสะสมไปเรื่อยๆ ทำให้_เก็บกด_ จนกดไม่ไหว ระเบิดออก

Translation: As it continues to accumulate, it causes me to feel _repressed_ until I cannot repress it, and it explodes.

(290) เป็นคน_เก็บกด_ไว้ ระบายออกไม่เป็นเลยต้องเจอนักจิตทุกสัปดาห์เลย

Translation: I always feel _repressed_ and don't know how to release it, so I need to see a psychotherapist every week.

The type "เก็บ" (keep) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(291) _เก็บ_ความรู้สึกแบบนี้มา วันนี้ร้องไห้ออกมาดีขึ้นมากเลย สู้ไปด้วยกันนะ

Translation: After having _kept_ this feeling, I felt a lot better after crying. Let's keep fighting it together.

The type "ความเก็บกด" (repression) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(292) กำลังดิ่งลงเรื่อยๆ คิดว่าน่าจะเกิดจาก_ความเก็บกด_ที่สะสมอยู่ในทุกๆวัน

Translation: I'm falling straight down continually. I think that it might be from the _repression_ accumulated every day.

All these types reveal that depression can be considered a pressurized substance in a container. A container, in this case, is thought of as a depressed patient who contains a pressurized substance (i.e., depression).

2. TRYING TO KEEP SUBSTANCE INSIDE THE CONTAINER → CONTROLLING DEPRESSION

This conceptual mapping consists of 3 types related to the source domain TRYING TO KEEP SUBSTANCE INSIDE THE CONTAINER: "คุม" (restrict), "กด" (repress), and "ควบคุม" (control).

The type "คุม" (restrict) was identified 4 times in the corpus, yielding 4 tokens as underlined in the following sentences:

(293) วันนึงระเบิดอารมณ์ออกมา สติเราหลุดแล้ว เรา_คุม_ตัวเองไม่อยู่

Translation: One day, my emotion exploded. My mind is gone. I can't _restrict_ it.

(294) _คุม_ตัวเองไม่อยู่เลย จะเจ้าน้ำตา

Translation: I can't _restrict_ it. I'm always in tears.

(295) นอนอย่างเดียวแล้วก็เศร้า นั่งแล้วก็น้ำตาไหล ใครจะอยากเป็นแบบนี้ เรา_คุม_มันไม่ได้ในบางที พยายามต่อสู้แล้ว

Translation: Sleeping made me feel sad. I sat and burst into tears. Who wants to be like this? I can't _restrict_ it sometimes, but I've already tried to battle.

(296) อาการกำเริบ ปกติหมอจะให้กินยา_คุม_อารมณ์ไปเรื่อยๆเพื่อป้องกันอาการกำเริบ

Translation: When the symptoms recur, the doctor usually asks me to keep taking medicine to _restrict_ my emotions and protect against the recurrence of the symptoms.

The type "กด" (repress) was identified 4 times in the corpus, yielding 4 tokens as underlined in the following sentences:

(297) พยายาม_กด_น้ำตาตัวเองเอาไว้ไม่ให้มันออกมา

Translation: I'm trying to _repress_ my tears, so they won't come out.

(298) รู้สึกว่ามันทรมาน ต้อง_กด_ความรู้สึก

Translation: Translation: I'm feeling that I'm suffering. I must _repress_ it.

(299) เมื่อสะสมไปเรื่อยๆ ทำให้เก็บกด จน<u>กด</u>ไม่ไหว ระเบิดออก

Translation: As it continues to accumulate, it causes me to feel repressed until I cannot _repress_ it, and it explodes.

(300) ถ้าเศร้าก็จะไม่<u>กด</u>ไว้ นั่งอยู่กับมันสักพัก ดีขึ้นแล้วค่อยไปต่อ

Translation: If I'm sad, I won't _repress_ it. I just sit and stay with it for a while, and move on when getting better.

The type "ควบคุม" (control) was identified 7 times in the corpus, yielding 7 tokens as underlined in the following sentences:

(301) <u>_ควบคุม_</u>อารมณ์ตัวเองไม่ค่อยอยู่ มีทำร้ายตัวเองด้วย

Translation: I can't _control_ my emotion. I sometimes hurt myself.

(302) เหนื่อยล้า หมดพลัง ไม่มีอารมณ์ความสุขอีกต่อไป รู้ตัวตลอดแต่<u>_ควบคุม_</u>ไม่ได้

Translation: Tired, exhausted, and no longer in a happy mood. I'm always aware of this, but I'm unable to _control_ it.

(303) เหมือนจะ<u>_ควบคุม_</u>ตัวเองไม่อยู่

Translation: It's like I can't _control_ myself.

(304) ยังขึ้นๆลงๆ แต่ก็<u>_ควบคุม_</u>ตัวเองได้แล้ว

Translation: I'm still having ups and downs, but I can _control_ myself.

(305) อาการดีขึ้นมาก <u>_ควบคุม_</u>ตัวเองได้ดีขึ้น

Translation: It's getting much better. I'm better at _controlling_ myself.

(306) มียาช่วยหยุดความคิด แล้วนอนพักได้บ้างมั้ย เอาไว้เวลา<u>_ควบคุม_</u>ตัวเองไม่ได้จริงๆ

Translation: Do you have any medications that can stop me from thinking and allow me to sleep? I'll use those when I really can't _control_ myself.

(307) <u>_ควบคุม_</u>ความเศร้าได้ไหมขึ้นอยู่กับตัวเรา

Translation: Whether we can _control_ depression depends on ourselves.

The sentences (301) - (307) show that patients try to control their depression so that it stays inside them otherwise something unexpected might happen.

3. THE SUBSTANCE GOING OUT OF THE CONTAINER → EXPRESSING THE EMOTION

This conceptual mapping consists of 4 types related to the source domain THE SUBSTANCE GOING OUT OF THE CONTAINER: "ระบาย" (release), "ปล่อยลม" (deflate), "ระเบิด" (explode), and "แตก" (break).

The type "ระบาย" (release) was identified 37 times in the corpus, yielding a total of 37 tokens as underlined in the following sentences:

(308) ไม่มีใครให้คำปรึกษา ไม่มีใครให้*ระบาย*หรือรับฟังเลย ซึ่งมันแย่มากๆ

Translation: There's nobody to consult, nobody to *release* my feelings with, or nobody to listen to me, which is very bad.

(309) อยากขอพิมพ์*ระบาย*นิดหน่อย พักหลังๆ อาการแย่ลงมาก

Translation: I'd like to *release* my feelings a bit. My symptoms have been getting worse recently.

(310) เราไม่รู้จะคุยกับใครเราขอมา*ระบาย*ที่นี่

Translation: I don't know who to talk with. I'd like to *release* my feelings here.

(311) กลับมาที่ห้องต้อง*ระบาย*ความในใจที่มันแทบจะไม่ไหว

Translation: Once I arrived in my own room, I had to *release* my feelings that I could no longer hold.

(312) ขอ*ระบาย*หน่อย เหนื่อยใจมาก

Translation: I would like to *release* it here. I'm worn out.

(313) ร้องให้*ระบาย*ออกมาก็ยิ่งเจ็บใจ

Translation: The more I cried to *release* my feelings, the more I became indignant.

(314) ช่วงนี้ยอมรับอารมณ์ลบของตัวเอง แล้วก็ทำอะไรที่เหมือนการ*ระบาย*อารมณ์ ที่เก็บกดออกมาบ้างก็ healthy ดี ก็หายไปเอง

Translation: These days, I accept my own negative emotions, and do things that I can *release* my repressed emotions. They disappear, and I'm now healthy.

(315) อยาก*ระบาย* อยากได้ความเห็น

Translation: I would like to *release* my feelings. I need some opinions.

(316) บอกไม่ถูกเหมือนกันว่ายังไง วันนี้ที่อยาก*ระบาย*มีเท่านี้

Translation: I don't know what to say. That's it that I'd like to _release_ today.

(317) ถ้ามันมีสักคนที่เราพูดได้ _ระบาย_ ได้ ก็รู้สึกว่าชีวิตมันคงง่ายกว่านี้เยอะ

Translation: If there was someone I could talk to and _release_ my feelings with, my life would be much easier.

(318) ขอเข้ามา_ระบาย_ความรู้สึกตัวเอง

Translation: I came here to _release_ my feelings.

(319) เราทำได้แค่มา_ระบาย_จริงๆ

Translation: The only thing I can do is _releasing_ my feelings.

(320) ขอบคุณสำหรับพื้นที่_ระบาย_ เพราะอึดอัดมานานละ

Translation: Thank you for the space to _release_ because it has been cramped for a long time.

(321) วันนี้อาการมันหนักชัดเลย เลยมา_ระบาย_

Translation: Today, my symptoms are severe, so I need to _release_ my feelings.

(322) ขอ_ระบาย_หน่อย

Translation: I'd like to _release_ my feelings.

(323) ขอบคุณสำหรับพื้นที่_ระบาย_

Translation: Thank you for the space to _release._

(324) จะเป็นกำลังใจให้เสมอนะ ถ้าอึดอัด ต้องการ_ระบาย_

Translation: I'm giving you encouragement in case you feel cramped and would like to _release_.

(325) ที่นี่แหละ เหมาะกับจะ_ระบาย_ที่สุด

Translation: Here's the best place I choose to _release_ my feelings.

(326) ถ้าได้เจอหมอที่เปิดใจรับฟัง ก็พูดไปเถอะ อย่างน้อยก็ได้_ระบาย_ความทุกข์ในใจบ้าง

Translation: If you find a doctor who is open-minded, just talk to him. At least, you can get to _release_ your agony out of your mind.

(327) _ระบาย_มันออกมา เรามาสู้กับความรู้สึกแบบนี้ไปด้วยกัน

Translation: Just _release_ your feelings. Let's fight this feeling together.

(328) อาจจะช่วยอะไรไม่ได้มากนัก แต่มีอะไรก็_ระบาย_ดีแล้ว

Translation: I can't help much, but you can _release_ your feelings with me.

(329) ขอบคุณที่มีพื้นที่ให้*ระบาย*

Translation: Thank you for having the space to *release.*

(330) การ*ระบาย*เป็นวิธีนึงที่ทำให้คลายทุกข์ได้นะ

Translation: *Releasing* your feelings is a way to help relieve your agony.

(331) เรามีคนรอบตัวเยอะนะแต่ก็เหมือนไม่มีใคร กอดๆนะ มีอะไรมา*ระบาย*กันนะ

Translation: I have a lot of people surrounding me, but it seems there's no one with me. I give you hugs. You can *release* your feelings with me.

(332) เราเป็นมีคนรู้จักเยอะนะ แต่คุยกับใครไม่ได้เลย เพราะไม่อยากให้เค้าต้องมาเครียดด้วย สุดท้ายก็ต้องมา*ระบาย*ในนี้เหมือนกัน

Translation: I know a lot of people, but I can't talk to any of them. Eventually, I need to *release* my feelings here because I don't want to worry them.

(333) *ระบาย*ให้ใครฟังเราจะร้องไห้ตลอด แต่เราสบายใจนะที่ได้เล่าให้ใครสักคน

Translation: I always cry when *releasing* my feelings, but I feel at ease telling someone about it.

(334) เป็นคนเก็บกดไว้ *ระบาย*ออกไม่เป็น เลยต้องเจอนักจิตทุกสัปดาห์เลย

Translation: I always feel repressed and don't know how to *release* it, so I need to see a psychotherapist every week.

(335) มา*ระบาย*ในนี้ เพื่อนๆรอรับฟังเสมอ มีทั้งกำลังใจและอาจมีคำแนะนำช่วยบรรเทาได้ เป็น กำลังใจให้นะ กอดๆ

Translation: *Release* your feelings here. Friends are always ready to listen. We have both encouragement and perhaps advice for you to help you feel relieved. I give you encouragement and hugs.

(336) แค่*ระบาย*เฉยๆ

Translation: Just *releasing* my feelings.

(337) ขอมา*ระบาย*หน่อยนะ เริ่มซึมเศร้ามาตั้งแต่เมื่อวานแล้ว

Translation: I'd like to *release* my feelings. I've felt depressed since yesterday.

(338) แค่อยาก*ระบาย* *ระบาย*เงียบๆ มันเหงา

Translation: I just would like to *release* my feelings quietly. I feel lonely.

(339) *ระบาย* เอาจริงๆแล้วไม่มีใครเลย

Translation: Just _releasing_ my feelings. Actually, I have no one.

(340) _ระบาย_ ต่อสู้ลำพังก็ว่าเหนื่อยแล้ว ยังจะมาซ้ำเติมกันอีก

Translation: Just _releasing_ my feelings. Battling alone is exhausting enough, but someone aggravated me.

(341) _ระบาย_เถอะ ยินดีรับฟังนะ แล้วก็บอกได้ว่าสู้ ๆ นะ เป็นกำลังใจให้ เราก็ไม่รู้จะปลอบยังไง

Translation: Just _release_ your feelings. I'm willing to listen. The only thing I can tell you is to keep fighting. I give you encouragement. I don't know how to comfort you.

(342) เป็นกำลังใจให้นะ สู้ๆนะ มีอะไรมา_ระบาย_ในนี้ได้

Translation: I give you encouragement. Just fight! You can _release_ your feelings here.

(343) พิมพ์_ระบาย_ไว้ก็ได้ เป็นกำลังใจให้นะ

Translation: You can _release_ your feelings. I give you encouragement.

The type "ปล่อยลม" (deflate) was identified 1 time in the corpus, yielding 1 token as underlined in the following sentence:

(344) ได้คุยกับนักจิตเวชเหมือนได้_ปล่อยลม_ในลูกโป่งที่ใกล้ระเบิด เค้าคือคนที่ช่วยชีวิตเราเลย

Translation: Talking with a psychotherapist was like _deflating_ a balloon that was about to explode. He was the person who really saved my life.

The type "ระเบิด" (explode) was identified 9 times in the corpus, yielding a total of 9 tokens as underlined in the following sentences:

(345) แบกรับปัญหาไม่ไหว เลย_ระเบิด_อารมณ์ออกมา

Translation: I could no longer carry the problems, so my emotions _exploded_.

(346) บางทีเราก็กดดันตัวเองมากเกินไป มันใกล้_ระเบิด_เต็มทีแล้ว

Translation: I sometimes put too much pressure on myself. It nearly _explodes_.

(347) วันนึง_ระเบิด_อารมณ์ออกมา สติเราหลุดแล้ว เราคุมตัวเองไม่อยู่

Translation: One day, my emotions _exploded_. My mind is gone. I can't restrict it.

(348) _ระเบิด_อารมณ์ได้ง่ายมาก

Translation: My emotions tend to easily _explode._

(349) ต้องประเมินว่าถ้าเรา_ระเบิด_ จะเดือดร้อนขึ้นไปอีกไหม

Translation: You must evaluate: if you _explode_, will there be more trouble?

(350) เลือกที่จะเงียบไม่พูดจนมัน_ระเบิด_ออกมา

Translation: I decided to be quiet and not speak until it *exploded*.

(351) เมื่อสะสมไปเรื่อยๆ ทำให้เก็บกด จนกดไม่ไหว *ระเบิด*ออก

Translation: As it continues to accumulate, it causes me to feel repressed until I cannot repress it, and it *explodes*.

(352) และแล้วเราก็ร้องไห้*ระเบิด*ออกมา

Translation: I eventually cried and *exploded*.

(353) ได้คุยกับนักจิตเวชเหมือนได้ปล่อยลมในลูกโป่งที่ใกล้*ระเบิด* เค้าคือคนที่ช่วยชีวิตเราเลย

Translation: Talking with a psychotherapist was like deflating a balloon that was about to *explode*. He was the person who really saved my life.

The type "แตก" (break) was identified 2 times in the corpus, yielding a total of 2 tokens as underlined in the following sentences:

(354) เวลาหยุดยานอนหลับทันที จะสติ*แตก*ไปหลายวัน

Translation: When I immediately stop taking medicine, my consciousness will *break* for several days.

(355) ยังปลอดภัยดีอยู่ สติ*แตก*ไปแป๊บใหญ่ๆ

Translation: I'm still safe. My consciousness just *broke* for a while.

When patients feel like they cannot hold their depression anymore, they may let it come out, just as substance going out of the container. "ระบาย" (release), "ปล่อยลม" (deflate), "ระเบิด" (explode), and "แตก" (break) can visualize how patients let out their depression. The verb "ระบาย" (release) was used the most frequently among all types of metaphorical expressions, according to the results, especially when patients would like to express something in their mind to someone who is willing to listen. The verbs "ระเบิด" (explode) and "แตก" (break), on the other hand, sound more severe when compared to "ระบาย" (release) in a way that things seem to happen abruptly and cannot be controlled at all.

In summary, these types of metaphorical expressions in association with the source domain SUBSTANCE IN A CONTAINER can be considered metaphorical since they are all related to our physical experience; even though depression cannot be seen as an actual substance, these substance-related expressions, however, suggest the

existence of depression as a substance in a container. To give an example, "ระบาย" (release) was used metaphorically despite the fact that depression cannot be released physically, unlike a concrete substance. The expression "ระบาย" (release) can thus be considered a metaphorical expression since its basic meaning contrasts with the contextual meaning, however can still be understood when compared; that is "ระบาย" (release) as of depression can be conceptualized as an action of a substance coming out of a container. The above metaphorical expressions, including "ระบาย" (release), can therefore communicate an idea that goes beyond its literal meaning.

4.1.9 A DEPRESSED PERSON'S MIND IS A MACHINE

A depressed person's mind is conceptualized as a machine. Patients perceive themselves, especially their mind, as a broken machine that can no longer work and cannot be repaired. However, if perceived as a dysfunctional machine, it means patients' minds can still be fixed in order to live a normal life again, just as a normal repaired machine. Two conceptual mappings of this conceptual metaphor, along with eight types, can be identified as follows:

Source domain		Target domain
A BROKEN MACHINE	→	A DEPRESSED PERSON'S MIND
A DYSFUNCTIONAL MACHINE	→	A DEPRESSED PERSON'S MIND

1. A BROKEN MACHINE → A DEPRESSED PERSON'S MIND

This conceptual mapping consists of 5 types related to the source domain A BROKEN MACHINE: "ความพัง" (wreck), "แหลกเหลว" (cracked), "หมดสภาพ" (ruined), "พัง" (broken), and "ขาด" (torn).

The type "ความพัง" (wreck) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(356) ผ่านไปแล้วกับเดือนแห่ง*ความพัง* ตอนนี้เริ่มดิ่งอีกละ

Translation: The month of _wreck_ has passed by already. Now, I'm starting to fall straight down again.

The type "แหลกเหลว" (cracked) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(357) ข้างนอกเรายิ้มแทบตาย แต่ข้างใน<u>แหลกเหลว</u>ขนาดไหน ไม่มีใครรู้ดีเท่าตัวเราเอง

Translation: Outside, I smile, but how _cracked_ is it inside? No one knows better than myself.

The type "หมดสภาพ" (ruined) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(358) ยอมรับกับหมอแล้วว่าต้องไปพบนักจิตฯจริงๆ _หมดสภาพ_

Translation: I admitted to the doctor that I really needed to see a psychotherapist. I was _ruined_.

The type "พัง" (broken) was identified 2 times in the corpus, yielding a total of 2 tokens as underlined in the following sentences:

(359) ใจ<u>พัง</u>มาก ทำได้แค่ร้องให้เงียบๆ คนเดียว

Translation: My heart is _broken_. All I can do is cry quietly alone.

(360) สำคัญที่มีสติรู้ทันอารมณ์ตัวเอง ไม่งั้น<u>พัง</u>

Translation: It is important to be mindful of your own emotions; otherwise, you'll be _broken_.

The type "ขาด" (torn) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(361) เป็นกลจ.ให้นะ ทางนี้ซึมเศร้าจะ<u>ขาด</u>ใจ

Translation: I give you encouragement. I'm myself so depressed that my mind will be _torn_.

In general, "ความพัง" (wreck), "แหลกเหลว" (cracked), "หมดสภาพ" (ruined), "พัง" (broken), and "ขาด" (torn) are normally not used with human beings. However, these metaphorical expressions are typically used in the depression context to visualize how a depressed person can be broken like a machine.

2. A DYSFUNCTIONAL MACHINE ➔ A DEPRESSED PERSON'S MIND

This conceptual mapping consists of 3 types related to the source domain A DYSFUNCTIONAL MACHINE: "แก้" (fix), "ซ่อม" (repair), and "ปรับ" (adjust).

The type "แก้" (fix) was identified 2 times in the corpus, yielding a total of 2 tokens as underlined in the following sentences:

(362) บางทีก็แค่เข้าใจและ*แก้*หรือซ่อมมันให้ดูดีขึ้นซะ

Translation: Perhaps you should *fix* or repair it to make it look better.

(363) มัน*แก้*ได้ ต้องปรับจากข้างใน เราทำเองลำบาก

Translation: It can be *fixed* by adjusting from the inside, but it's difficult to do it ourselves.

The type "ซ่อม" (repair) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(364) บางทีก็แค่เข้าใจและแก้หรือ*ซ่อม*มันให้ดูดีขึ้นซะ

Translation: Perhaps you should fix or *repair* it to make it look better.

The type "ปรับ" (adjust) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(365) มันแก้ได้ ต้อง*ปรับ*จากข้างใน เราทำเองลำบาก

Translation: It can be fixed by *adjusting* from the inside, but it's difficult to do it ourselves.

The types "แก้" (fix), "ซ่อม" (repair), and "ปรับ" (adjust) are generally used with things that cannot function normally. However, these verbs are also used with a depressed person to convey how a dysfunctional person can still be retrieved.

In conclusion, these types of metaphorical expressions in association with the source domain MACHINE can be considered figurative since they are relevant to our experience of a physical object which is a machine. We all know that a person's mind cannot be physically broken or fixed with our own hands, these machine-related metaphorical expressions nevertheless indicate patients' belief that their minds can be broken and repaired, just as a tangible machine. For instance, "พัง" (broken) was used metaphorically although we cannot obviously see what a broken mind looks like. Accordingly, the expression "พัง" (broken) is considered a metaphorical expression since its basic meaning contrasts with the contextual meaning, however, it still makes sense when used nonliterally; that is "พัง" (broken) as mentioned in the depression context is

comprehensible. The machine-related metaphorical expressions such as "broken", consequently, allow for a more imaginative or symbolic way of expressing ideas.

4.1.10 A DEPRESSED PERSON'S MIND IS A CONTAINER

A depressed person's mind is conceptualized as a container. In some cases, patients perceive their minds as empty containers since there are perhaps nothing or no feelings in their minds. Some patients, however, appear to be a closed container in a way that they are probably not ready to open their minds to anyone. Two conceptual mappings of this conceptual metaphor, along with nine types, can be identified as follows:

Source domain		Target domain
AN EMPTY CONTAINER	→	A DEPRESSED PERSON'S MIND
A CLOSED CONTAINER	→	A DEPRESSED PERSON'S MIND

1. AN EMPTY CONTAINER → A DEPRESSED PERSON'S MIND

This conceptual mapping consists of 6 types related to the source domain AN EMPTY CONTAINER: "โหวงๆ" (weightless), "ว่างเปล่า" (empty), "แก้วรั่ว" (leaky glass), "เติม" (fill), "ไม่เต็ม" (not full), and "กลวง" (hollow).

The type "โหวงๆ" (weightless) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(366) ไม่เคยมีความรู้สึกแบบนี้มานานแล้ว มัน<u>โหวงๆ</u>บอกไม่ถูก ชีวิตดูไร้จุดหมาย ดูไร้ค่า

Translation: I haven't felt like this in a long time. It's somehow <u>weightless</u>. My life seems without destination and worthless.

The type "ว่างเปล่า" (empty) was identified 3 times in the corpus, yielding a total of 3 tokens as underlined in the following sentences:

(367) มันรู้สึก<u>ว่างเปล่า</u> เป็นแก้วรั่วที่เติมเท่าไหร่ก็ไม่เต็มซักที

Translation: I'm feeling <u>empty</u>, like a leaky glass. No matter how much you fill it up, it's never full.

(368) รู้สึก<u>ว่างเปล่า</u>ทั้งที่ยังมีอะไรต้องทำอีกหลายอย่าง

Translation: I'm feeling so <u>empty</u> even though there are still many things left to be done.

(369) รู้สึกว่าข้างในเรากลวง *ว่างเปล่า*เหลือเกิน

Translation: I'm feeling that my inside is so hollow and *empty*.

The type "แก้วรั่ว" (leaky glass) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(370) มันรู้สึกว่างเปล่า เป็น*แก้วรั่ว*ที่เติมเท่าไหร่ก็ไม่เต็มซักที

Translation: I'm feeling empty, like a *leaky glass*. No matter how much you fill it up, it's never full.

The type "เติม" (fill) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(371) มันรู้สึกว่างเปล่า เป็นแก้วรั่วที่*เติม*เท่าไหร่ก็ไม่เต็มซักที

Translation: I'm feeling empty, like a leaky glass. No matter how much you *fill* it up, it's never full.

The type "ไม่เต็ม" (not full) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(372) มันรู้สึกว่างเปล่า เป็นแก้วรั่วที่เติมเท่าไหร่ก็*ไม่เต็ม*ซักที

Translation: I'm feeling empty, like a leaky glass. No matter how much you fill it up, it's *never full*.

The type "กลวง" (hollow) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(373) รู้สึกว่าข้างในเรา*กลวง* ว่างเปล่าเหลือเกิน

Translation: I'm feeling that my inside is so *hollow* and empty.

The use of "โหวงๆ" (weightless), "ว่างเปล่า" (empty), "แก้วรั่ว" (leaky glass), "เติม" (fill), "ไม่เต็ม" (not full), and "กลวง" (hollow) in (366) - (373) visualized space left within depressed patients' minds, enabling patients to feel empty as if they were empty containers with nothing inside.

2. A CLOSED CONTAINER ➔ A DEPRESSED PERSON'S MIND

This conceptual mapping consists of 3 types related to the source domain A CLOSED CONTAINER: "ปิดใจ" (close my mind), "เปิดใจ" (open my mind), and "แง้มใจ" (open my mind slightly).

The type "ปิดใจ" (close my mind) was identified 2 times in the corpus, yielding a total of 2 tokens as underlined in the following sentences:

(374) <u>ปิดใจ</u>กับทุกอย่าง เราไม่รู้จะทำยังไงถึงจะเปิดใจได้ เราก็ไม่อยาก<u>ปิดใจ</u>อยู่แบบนี้ พอมีแต่ห้องนี้ที่พอแง้มใจออกมาพูดได้

Translation: I _close my mind_ to everything. I don't know how to open my mind. I don't want to _close my mind_ like this. There's only this room where I can open my mind slightly to talk.

The type "เปิดใจ" (open my mind) was identified 2 times in the corpus, yielding a total of 2 tokens as underlined in the following sentences:

(375) ปิดใจกับทุกอย่าง เราไม่รู้จะทำยังไงถึงจะ<u>เปิดใจ</u>ได้ เราก็ไม่อยากปิดใจอยู่แบบนี้ พอมีแต่ห้องนี้ที่พอแง้มใจออกมาพูดได้

Translation: I close my mind to everything. I don't know how to _open my mind_. I don't want to close my mind like this. There's only this room where I can open my mind slightly to talk.

(376) เมื่อฉันได้พบและพูดคุยกับหมอ ฉันค่อยๆเริ่ม<u>เปิดใจ</u>ยอมรับเธอแทนการผลักไส ขอเพียง "ฉัน" และ "เธอ" เรียนรู้ที่จะอยู่ด้วยกัน

Translation: When I met and talked with the doctor, I gradually started to _open my mind_ and accept you instead of pushing you away. "I" and "you" just need to learn to stay together.

The type "แง้มใจ" (open my mind slightly) was identified 1 time in the corpus, resulting in 1 token as shown in the following sentence:

(377) ปิดใจกับทุกอย่าง เราไม่รู้จะทำยังไงถึงจะเปิดใจได้ เราก็ไม่อยากปิดใจอยู่แบบนี้ พอมีแต่ห้องนี้ที่พอ<u>แง้มใจ</u>ออกมาพูดได้

Translation: I close my mind to everything. I don't know how to open my mind. I don't want to close my mind like this. There's only this room where I can _open my mind slightly_ to talk.

Obviously, a person's mind cannot be physically opened or closed. However, the metaphorical expressions "ปิดใจ" (close my mind), "เปิดใจ" (open my mind), and "แง้มใจ" (open my mind slightly) were used in (374) - (377) to demonstrate that a closed mind can still be opened if ready.

To summarize, all these types of metaphorical expressions in association with the source domain CONTAINER can be regarded metaphorical since they are all related to our bodily experience of physical containers. In spite of the fact that a person's mind is invisible to our naked eyes, the expressions related to the concept of containers, however, suggest the patients' perception of their minds as physical containers when used as non-literal. For instance, "ว่างเปล่า" (empty) was used metaphorically even though we cannot actually see how a person's mind contain things. The expression "ว่างเปล่า" (empty) is thus considered a metaphorical expression since its basic meaning contrasts with the contextual meaning, however can still be understood when compared; that is "ว่างเปล่า" (empty) as of depression can be thought of as an empty physical container that may contain things. The container-related metaphorical expressions, consequently, make the abstract concept of depression more tangible.

4.2 The most salient DEPRESSION conceptual metaphors

As for the second objective of this study regarding metaphorical salience, an aggregate value (i.e., the sum of conceptual mappings, types, and tokens) was taken as an indicator to find out the metaphorical salience of each conceptual metaphor, resulting in the derivation of the most salient ones among them as illustrated in Table 5.

Table 5 Metaphorical salience of each conceptual metaphor

Conceptual metaphor	Mappings	% of mappings	Types	% of types	Tokens	% of tokens	Aggregate value
DEPRESSION IS AN OPPONENT	5	14.71	18	13.74	66	17.01	45.46
DEPRESSION IS A JOURNEY	5	14.71	19	14.50	55	14.18	43.39
DEPRESSION IS A WOUND	4	11.77	21	16.03	58	14.95	42.75
DEPRESSION IS SUBSTANCE IN A CONTAINER	3	8.82	14	10.69	85	21.91	41.42
BEING DEPRESSED IS DESCENT	5	14.71	15	11.45	49	12.63	38.79
DEPRESSION IS A VISITOR	2	5.88	11	8.40	26	6.70	20.98
DEPRESSION IS A CONTAINER	3	8.82	10	7.63	11	2.83	19.28
DEPRESSION IS A HEAVY ENTITY	3	8.82	6	4.58	15	3.86	17.26
A DEPRESSED PERSON'S MIND IS A CONTAINER	2	5.88	9	6.87	13	3.35	16.10
A DEPRESSED PERSON'S MIND IS A MACHINE	2	5.88	8	6.11	10	2.58	14.57
Total	34	100	131	100	388	100	300

The three most salient conceptual metaphors for depression in Thai ranked according to metaphorical salience were found to be DEPRESSION IS AN OPPONENT, DEPRESSION IS A JOURNEY, and DEPRESSION IS A WOUND with aggregate values of 45.46%, 43.39%, and 42.75% respectively.

The calculation, following the metaphorical salience-based corpus analysis, indicated that DEPRESSION IS AN OPPONENT was the most salient conceptual metaphor, with the highest aggregate value (45.46 percent) among all conceptual metaphors. It was also a highly elaborated conceptual metaphor, with different mappings (14.71%), types (13.74%), and tokens (17.01%).

The second most salient conceptual metaphor (i.e., DEPRESSION IS A JOURNEY) closely followed, with a similar percentage of mappings for the source domain OPPONENT. However, a slightly higher percentage of types (14.5%) and a lower percentage of tokens (14.18%) yielded an aggregate value of 43.39 percent.

DEPRESSION IS A WOUND, with a total aggregate value of 42.75%, was salient to a similar degree as the conceptual metaphor JOURNEY. This third-ranking salient conceptual metaphor had fewer mappings than the first two. However, it recorded the highest figure for types (16.03%). It received fifty-eight tokens, fewer than the figure for

the most salient conceptual metaphor, but slightly higher than that for the second-ranking one.

In addition to the top three, two more conceptual metaphors also obtained a similar percentage for aggregate value as the third-ranking one: DEPRESSION IS A SUBSTANCE IN A CONTAINER (41.42%) and BEING DEPRESSED IS DESCENT (38.79%). It is remarkable that, while only three mappings of the source domain A SUBSTANCE IN A CONTAINER were identified in the corpus, the highest number of tokens (85 out of 388) was generated, much larger than that for DEPRESSION IS AN OPPONENT. BEING DEPRESSED IS DESCENT was one of only three conceptual metaphors, in addition to the two most salient conceptual metaphors, that exhibited the highest number of mappings among all (i.e., five), regardless of its type and token frequencies.

4.3 Compilation of empowering metaphorical expressions

The selection of metaphorical expressions was limited to those that were associated with empowerment and advice, in accordance with the established criteria (see 3.4.3). Of every most salient conceptual metaphors chosen according to the criteria, three metaphorical expressions were equally elicited. As a result, there were altogether fifteen metaphorical expressions in total from these five most salient conceptual metaphors: DEPRESSION IS AN OPPONENT, DEPRESSION IS A JOURNEY, DEPRESSION IS A WOUND, DEPRESSION IS SUBSTANCE IN A CONTAINER, and BEING DEPRESSED IS DESCENT. The aggregate values of these five conceptual metaphors were above the mean score of all ten conceptual metaphors, which is >30.001. Each of the metaphorical expressions that were chosen had a thorough justification included with it as follows.

4.3.1 DEPRESSION IS AN OPPONENT

According to Table 5 regarding metaphorical salience, the aggregate value of the conceptual metaphor DEPRESSION IS AN OPPONENT is 45.46, much higher than the mean score, thus being chosen for inclusion in the questionnaire.

Out of 66 tokens of metaphorical expressions belonging to the conceptual metaphor DEPRESSION IS AN OPPONENT, three expressions associated with empowerment and advice were selected as follows: สู้ๆ (Keep fighting), สู้ไปด้วยกัน (Keep fighting together), and อย่ายอมแพ้ (Don't surrender).

1. สู้ๆ (Keep fighting)

The metaphorical expression สู้ๆ (Keep fighting) belongs to the conceptual mapping FIGHTING AN OPPONENT → DEALING WITH DEPRESSION. It also belongs to the statement number (144) สู้ๆนะ. According to the results, the metaphorical expression "สู้" (fight) was identified 31 times in the corpus and was frequently used as peer support among members in the target group. The metaphorical expression "สู้" (fight) can occur with other phrases in a sentence; however, it can stand alone to also mean "keep fighting". As of (144) สู้ๆนะ, the word "นะ" was removed because it acts as a word at the end of other words, expressing something in a begging, forcing, or emphatic manner. Accordingly, it might have an effect on the metaphorical expression "สู้" (fight) in a begging manner, thus influencing respondents' preference for the metaphorical expression with the word "นะ" over the others.

2. สู้ไปด้วยกัน (Keep fighting together)

The metaphorical expression สู้ไปด้วยกัน (Keep fighting together) also belongs to the conceptual mapping FIGHTING AN OPPONENT → DEALING WITH DEPRESSION. It belongs to the statement number (142) เก็บความรู้สึกแบบนี้มา วันนี้ร้องไห้ออกมาดีขึ้นมากเลย สู้ไปด้วยกันนะ. As one of 31 identified tokens, this metaphorical expression was also used as peer support among patients with depression. The metaphorical expression "สู้" (fight) in this case however appears with another phrase which is "ไปด้วยกัน" (together). The metaphorical expression สู้ไปด้วยกัน (Keep fighting together) was intentionally selected to find out to what extent the respondents of the questionnaire think it is empowering when compared to สู้ๆ (Keep fighting) as a stand-alone expression. As of

(142) ... สู้ไปด้วยกันนะ, the word "นะ" was also removed since it acts as a word at the end of other words, expressing something in a begging manner or others likewise.

3. อย่า<u>ยอมแพ้</u> (Don't surrender)

The metaphorical expression อย่ายอมแพ้ (Don't surrender) belongs to the conceptual mapping BEING A LOSER ➔ BEING DEFEATED BY DEPRESSION. It belongs to the statement number (186) เป็นกำลังใจให้ทุกคนนะ ทุกคนหายได้แน่นอน อย่า<u>ยอม แพ้</u>นะ. This metaphorical expression was also used as peer support among depressed patients because the word "surrender" is used with the word "อย่า" (Don't) to encourage not to surrender. As of (186) ... อย่า<u>ยอมแพ้</u>นะ, the word "นะ" was also removed due to it being a word at the end of other words, expressing a begging manner. Moreover, not the whole statement of (186) was selected because its length might affect the respondents' preference for this metaphorical expression over the others. Therefore, only the expression "อย่ายอมแพ้" (Don't surrender) remains since other words might come into play.

4.3.2 DEPRESSION IS A JOURNEY

According to Table 5 regarding metaphorical salience, the aggregate value of the conceptual metaphor DEPRESSION IS A JOURNEY is 43.39, much higher than the mean score, consequently being considered for inclusion in the questionnaire.

Out of 55 tokens of metaphorical expressions belonging to the conceptual metaphor DEPRESSION IS A JOURNEY, three expressions associated with empowerment and advice were selected as follows: อยู่ตรงนี้ (I'm right here), จับมือไปด้วยกัน (Let's hold each other's hands), and ขอให้ผ่านไปได้ (Hope you can get over it).

1. <u>อยู่ตรงนี้</u> (I'm right here)

The metaphorical expression "อยู่ตรงนี้" (right here) belongs to the conceptual mapping FRIENDS ALONG THE JOURNEY ➔ OTHER DEPRESSED PATIENTS. It belongs to the statement number (205) เป็นกำลังใจ<u>อยู่ตรงนี้</u>นะ. This metaphorical expression was used as peer support among depressed patients, implying the characteristic of friendship. As of (205) เป็นกำลังใจ<u>อยู่ตรงนี้</u>นะ, the word "นะ" was removed

because it is a word that comes after other words expressing a begging manner. Moreover, not the whole statement of (205) was selected because other surrounding words might affect the respondents' preference for this metaphorical expression over the others. Therefore, only the expression "อยู่ตรงนี้" (right here) is all that is left, in association with the source domain JOURNEY.

2. จับมือไปด้วยกัน (Let's hold each other's hands)

The metaphorical expression "จับมือ" (hold hands) also belongs to the conceptual mapping FRIENDS ALONG THE JOURNEY ➔ OTHER DEPRESSED PATIENTS. It belongs to the statement number (208) เป็นกำลังใจให้นะ *จับมือ*ผ่านไปด้วยกัน. This metaphorical expression was also used as peer support among patients, implying the characteristic of friendship. As of (208) เป็นกำลังใจให้นะ *จับมือ*ผ่านไปด้วยกัน, the word "ผ่าน" was removed because it belongs to the other conceptual mapping. Moreover, not all of the text (208) was chosen because other surrounding words could influence the respondents' preference for this metaphorical expression over the others. Therefore, all that remains is the expression "จับมือไปด้วยกัน", as relevant to the source domain JOURNEY.

3. ขอให้*ผ่าน*ไปได้ (Hope you can get over it)

The metaphorical expression "ผ่าน" (pass) was identified 32 times in the corpus. It belongs to the conceptual mapping ABILITY TO UNDERTAKE A JOURNEY ➔ ABILITY TO RECOVER FROM DEPRESSION. It is a part of the statement number (216) ขอให้*ผ่าน*ไปได้เร็วๆ นะ. This metaphorical expression was also used as peer support among patients, implying the characteristic of friendship. As of (216) ขอให้*ผ่าน*ไปได้เร็วๆ นะ, the word "นะ" was removed because it is a word that comes after other words expressing a begging manner. In addition, not all of the statement (216) was selected because other surrounding words may have an impact on the respondents' preference for this metaphorical expression over the others. Therefore, only the expression "ขอให้ผ่านไปได้" (Hope you can get over it) remains, in relation to the source domain JOURNEY.

4.3.3 DEPRESSION IS A WOUND

According to Table 5 regarding metaphorical salience, the aggregate value of the conceptual metaphor DEPRESSION IS A WOUND is 42.75, much higher than the mean score, thus being chosen for inclusion in the questionnaire.

Out of 58 tokens of metaphorical expressions belonging to the conceptual metaphor DEPRESSION IS A WOUND, three expressions associated with empowerment and advice were selected as follows: เวลาจะช่วยเยียวยา (Time can heal), รักษาใจไปด้วยกัน (Let's cure our minds together), and พักใจก่อน (Let your mind rest).

1. เวลาจะช่วย<u>เยียวยา</u> (Time can heal)

The metaphorical expression "เยียวยา" (heal) belongs to the conceptual mapping HEALING THE WOUND → HEALING DEPRESSION. It is derived from the statement number (35) เชื่อเราเถอะ เวลาจะช่วย<u>*เยียวยา*</u>ทุกสิ่ง ให้เวลาช่วยรักษาจิตใจเราไปนะ พักผ่อน แล้วก็ดูแลตัวเองดีๆ รักตัวเองมากๆ มาขอกอดที. This metaphorical expression was also used as peer support among patients, suggesting that depression can be healed. As of (35) เชื่อเราเถอะ เวลาจะช่วย<u>*เยียวยา*</u>ทุกสิ่ง ..., not the whole statement of (35) was selected because respondents' choices could be influenced by the other surrounding words. Therefore, just the expression "เวลาจะช่วยเยียวยา" (Time can heal) is all that is left, as relevant to the source domain WOUND.

2. <u>รักษา</u>ใจไปด้วยกัน (Let's cure our minds together)

The metaphorical expression "รักษา" (cure) also belongs to the conceptual mapping HEALING THE WOUND → HEALING DEPRESSION. It is a part of the statement number (39) <u>*รักษา*</u>กายใจไปด้วยกันนะ เราจะสู้และอยู่เป็นกำลังใจให้กันต่อไปนะ. This metaphorical expression was also used as peer support among patients, suggesting that depression can be healed. As of (39) <u>*รักษา*</u>กายใจไปด้วยกันนะ ..., the word "นะ" was removed because it is a word that comes after other words expressing a begging manner. In addition, not the whole statement of (39) was selected because respondents' choices may be influenced by the other surrounding words. Therefore, exclusively the expression "รักษาใจไปด้วยกัน" (Let's cure our minds together) remains, in relation to the source domain WOUND.

3. <u>พัก</u>ใจก่อน (Let your mind rest)

The metaphorical expression "พัก" (rest) also belongs to the conceptual mapping HEALING THE WOUND → HEALING DEPRESSION. It is a part of the statement number (44) _พัก_ใจก่อน แล้วค่อยลุกขึ้นมาใหม่. This metaphorical expression was also used as peer support among patients, suggesting that depression can be healed. As of (44) _พัก_ใจก่อน แล้วค่อยลุกขึ้นมาใหม่, not the whole statement of (44) was chosen because respondents' choices could be influenced by the other surrounding words. As a result, only the expression "พักใจก่อน" (Let your mind rest) remains, in association with the source domain WOUND.

4.3.4 DEPRESSION IS A SUBSTANCE IN A CONTAINER

According to Table 5 regarding metaphorical salience, the aggregate value of the conceptual metaphor DEPRESSION IS A SUBSTANCE IN A CONTAINER is 41.42, much higher than the mean score, thus being chosen for inclusion in the questionnaire.

Out of 85 tokens of metaphorical expressions belonging to the conceptual metaphor DEPRESSION IS A SUBSTANCE IN A CONTAINER, three expressions associated with empowerment and advice were selected as follows: อย่ากดดันตัวเอง (Don't put pressure on yourself), ควบคุมความเศร้าได้ไหมขึ้นอยู่กับเรา (Whether we can control depression depends on ourselves), and ระบายมันออกมา (Release it).

1. อย่า_กดดัน_ตัวเอง (Don't put pressure on yourself)

The metaphorical expression "กดดัน" (pressured) belongs to the conceptual mapping PRESSURIZED SUBSTANCE IN A CONTAINER → DEPRESSION. It is a part of the statement number (273) อย่าลืมใจดีกับตัวเอง อย่า_กดดัน_ตัวเองให้มาก ใช้ชีวิตให้มีความสุข. This metaphorical expression was also used as peer support among depressed patients because the word "กดดัน" (pressured) is used with the word "อย่า" (Don't) to give advice to those with shared experience not to be pressured. Nevertheless, "กดดัน" (pressured) has a negative meaning without the word "อย่า" (Don't), illustrating a difficult situation or the worried feeling that such a situation can give. As of (273) อย่าลืมใจดีกับตัวเอง อย่า_กดดัน_ตัวเองให้มาก ใช้ชีวิตให้มีความสุข, not the whole statement of (273) was selected because other surrounding words may have an impact on the respondents' preference

for this metaphorical expression over the others. Therefore, only the expression "อย่ากดดัน ตัวเอง" (Don't put pressure on yourself) remains, in relation to the source domain SUBSTANCE IN A CONTAINER.

2. <u>ควบคุม</u>ความเศร้าได้ไหมขึ้นอยู่กับเรา (Whether we can control depression depends on ourselves)

The metaphorical expression "ควบคุม" (control) belongs to the conceptual mapping TRYING TO KEEP SUBSTANCE INSIDE THE CONTAINER → CONTROLLING DEPRESSION. It is a part of the statement number (307) <u>ควบคุม</u>ความเศร้าได้ไหมขึ้นอยู่กับ ตัวเรา. This metaphorical expression seems to be guidance. However, the whole statement appears to be related to advice and empowerment. As of (307) <u>ควบคุม</u>ความ เศร้าได้ไหมขึ้นอยู่กับตัวเรา, the entire statement of (307) has to remain to maintain its overall intended meaning.

3. <u>ระบาย</u>มันออกมา (Release it)

The metaphorical expression "ระบาย" (release) was identified 37 times in the corpus. It belongs to the conceptual mapping THE SUBSTANCE GOING OUT OF THE CONTAINER → LOSING CONTROL OF DEPRESSION. It is a part of the statement number (327) <u>ระบาย</u>มันออกมา เรามาสู้กับความรู้สึกแบบนี้ไปด้วยกัน. This metaphorical expression was frequently used as peer support among depressed patients, indicating that group members are prepared to hear from those who would like to release their feelings. As of (327) <u>ระบาย</u>มันออกมา เรามาสู้กับความรู้สึกแบบนี้ไปด้วยกัน, not the whole statement was selected because the expression "สู้" (fight) belongs to the different source domain i.e., OPPONENT. Therefore, only the expression "ระบายมันออกมา" (Release it) remains, in association with the source domain SUBSTANCE IN A CONTAINER.

4.3.5 BEING DEPRESSED IS DESCENT

According to Table 5 regarding metaphorical salience, the aggregate value of the conceptual metaphor BEING DEPRESSED IS DESCENT is 38.79, higher than the mean score, consequently being considered for inclusion in the questionnaire.

Out of 49 tokens of metaphorical expressions belonging to the conceptual metaphor BEING DEPRESSED IS DESCENT, three expressions associated with empowerment and advice were selected as follows: ขอให้ทนช่วงดิ่งหนักๆไปให้ได้ (May you be able to endure the period of falling straight down), ฝืนดึงตัวเองขึ้นมา (Force yourself to pull yourself up), and ค่อยลุกขึ้นมาใหม่ (You may get up once again later).

1. ขอให้ทนช่วง<u>ดิ่ง</u>หนักๆไปให้ได้ (May you be able to endure the period of falling straight down)

The metaphorical expression "ดิ่ง" (fall straight down) was identified 23 times in the corpus. It belongs to the conceptual mapping FALLING STRAIGHT DOWN → BEING DEPRESSED. It is a part of the statement number (79) ขอให้ทนช่วง<u>ดิ่ง</u>หนักๆไปให้ได้ พอพ้นช่วงทรมานก็สบาย เอาใจช่วย. This metaphorical expression was also used as peer support among depressed patients in order to tolerate the "down" or depressed episodes. As of (79) ขอให้ทนช่วง<u>ดิ่ง</u>หนักๆไปให้ได้ พอพ้นช่วงทรมานก็สบาย เอาใจช่วย, not the whole statement was chosen because the expression "ทรมาน" (suffer) belongs to the different source domain i.e., WOUND. Therefore, only the expression "ขอให้ทนช่วงดิ่งหนักๆไปให้ได้" (May you be able to endure the period of falling straight down) remains, in relation to the source domain DESCENT.

2. ฝืน<u>ดึง</u>ตัวเอง<u>ขึ้นมา</u> (Force yourself to pull yourself up)

The metaphorical expression "ดึงขึ้นมา" (pull up) belongs to the conceptual mapping PULLING ONESELF UP → TRYING TO GET AWAY FROM BEING DEPRESSED. It is a part of the statement number (99) จิตตก แต่เราก็ยังฝืน<u>*ดึงตัวเองขึ้นมา*</u>. This metaphorical expression was also used as peer support among depressed patients, encouraging depressed patients to pull themselves up from being depressed. As of (99) จิตตก แต่เราก็ยังฝืน<u>*ดึงตัวเองขึ้นมา*</u>, not the whole statement was chosen because the expression "ตก" (fall) as in "จิตตก" does not represent advice or empowerment. Therefore, only the expression "ฝืนดึงตัวเองขึ้นมา" (Force yourself to pull yourself up) remains.

3. ค่อย<u>ลุก</u>ขึ้นมาใหม่ (You may get up once again later)

The metaphorical expression "ลุกขึ้นมา" (get up) also belongs to the conceptual mapping PULLING ONESELF UP → TRYING TO GET AWAY FROM BEING DEPRESSED.

It is a part of the statement number (100) พักใจก่อน แล้วค่อย_ลุกขึ้นมา_ใหม่. This metaphorical expression was also used as peer support among patients with depression, encouraging patients to get up from being depressed. As of (100) พักใจก่อน แล้วค่อย_ลุกขึ้นมา_ใหม่, not the whole statement was chosen because "พัก" (rest) as of "พักใจ" belongs to the different source domain i.e., WOUND. Therefore, only the expression "ค่อยลุกขึ้นมาใหม่" (You may get up once again later) remains.

4.4 Perceptions of empowering metaphorical expressions

The results for this section, as to answer research question 4, include four subsections as follows: participants' background, survey descriptive statistics report, additional comments from respondents, and metaphorical expressions to be included on the depression metaphor menu.

4.4.1 Background of Participants

The categories of survey respondents are displayed in the figure below, along with percentages.
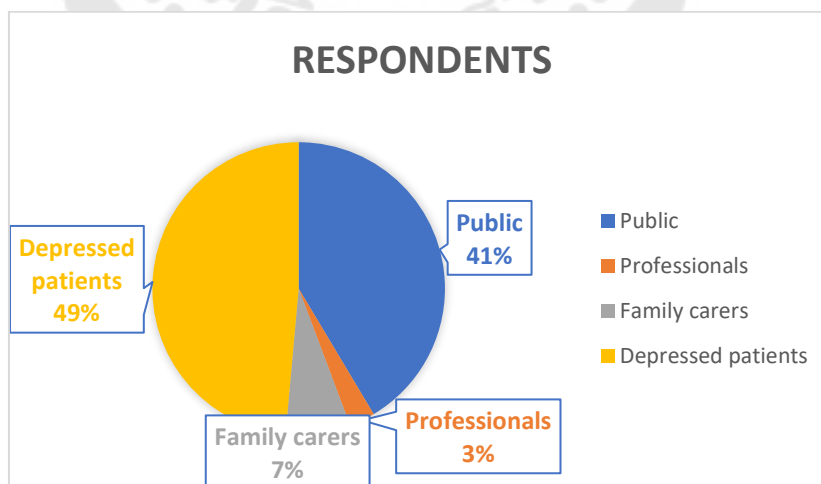

Figure 5 Types of respondents

The questionnaire on participants' perceptions of the empowering metaphorical expressions was launched in two different target groups, i.e., 1) participants of a private Facebook group, and 2) participants of a counseling Facebook page. To ensure that there were sufficient responses, the online survey was introduced to each Facebook community and lasted for a month. Since this study did not center on participant personal information, the survey data such as participants' emails, names, gender, education level, and marital status were not collected. 70 responses were received. Four categories of respondents were identified: 34 patients with depression (49%), 2 health professionals (3%), 5 family carers (7%), and 29 general people (41%). All of participants were 18 years old or above.

4.4.2 Descriptive statistics of each statement in terms of empowerment

Based on their perceptions about depression, participants were asked to rate in an online survey the extent to which they felt that each statement was empowering to be included on the menu. To ensure mutual comprehension between informants and the researcher, the researcher used Thai language to elicit participants' perceptions of each statement given in the survey. The results regarding descriptive statistics of each statement in terms of empowerment are illustrated below in Table 6.

Expression	N	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	$\bar{x}$	%	SD
1.สู้ๆ (Keep fighting)	73	3	11	30	22	7	2.74	54.79	0.97
2.สู้ไปด้วยกัน (Keep fighting together)	72	6	34	20	9	3	3.43	68.61	0.95
3.อย่ายอมแพ้ (Don't surrender)	72	4	16	24	18	10	2.81	56.11	1.10
4.อยู่ตรงนี้ (right here)	72	25	29	12	6	0	4.01	80.28	0.92
5.จับมือไปด้วยกัน (Let's hold each other's hands)	70	18	32	15	5	0	3.90	78.00	0.86
6.ขอให้ผ่านไปได้ (Hope you can get over it)	73	13	11	28	13	8	3.11	62.19	1.21
7.เวลาจะช่วยเยียวยา (Time can heal)	76	5	23	21	11	16	2.87	57.37	1.24

							$\bar{x}$		SD
8.รักษาใจไปด้วยกัน (Let's cure our minds together)	71	11	28	22	6	4	3.51	70.14	1.03
9.พักใจก่อน (Let your mind rest)	73	11	30	26	3	3	3.59	71.78	0.93
10.อย่ากดดันตัวเอง (Don't put pressure on yourself)	70	13	16	19	15	7	3.19	63.71	1.25
11.ควบคุมความเศร้าได้ไหมขึ้นอยู่กับเรา (Whether we can control depression depends on ourselves)	73	2	8	16	22	25	2.18	43.56	1.10
12.ระบายมันออกมา (Release it)	72	20	33	15	2	2	3.93	78.61	0.92
13.ขอให้ทนช่วงดิ่งหนักๆไปให้ได้ (May you be able to endure the period of falling straight down)	71	3	6	23	20	19	2.35	47.04	1.09
14.ฝืนดึงตัวเองขึ้นมา (Force yourself to pull yourself up)	70	2	4	18	22	24	2.11	42.29	1.04
15.ค่อยลุกขึ้นมาใหม่ (You may get up once again later)	72	11	25	28	5	3	3.50	70.00	0.97

Table 6 Descriptive statistics of each statement in terms of empowerment

According to the table, "N" refers to the number of responses for each statement. The numbers varied from 70 to 76, as can be seen above, because respondents were allowed to select more than 1 answer; that is, they were not only requested to rate their agreement towards the statement, they were also encouraged to leave their comments in the optional check box "other" to explain why they opted for each option. Consequently, the numbers of over 70 does not only indicate 70 respondents involved in the survey, but also their responses. The 5-Likert scale, ranging from "strongly agree" (highest score of 5) to "strongly disagree" (lowest score of 1), was also presented in the table to reveal the figure of responses for each option. $\bar{x}$ stands for the mean score, representing an average score of agreement. The SD or standard deviation is the measure of how spread out a normally distributed set of data is. In accordance with the well-known guidelines (Iacobucci & Churchill, 2022), estimated standard deviations for normal distributions of a

5-point Likert Scale Data is an SD of 1 to 1.2 with the expect of some variation but not extreme.

The findings demonstrated three main agreement levels of metaphorical expressions based on the interpretation of their mean scores (See section 3.4.4) as follows: low, moderate, and high. The SD ranges from 0.86 to 1.25, indicating minimal variation and thus not affecting the interpretation of the mean scores of all items.

Three metaphorical expressions included in the interpretation as "low" are as follows: ควบคุมความเศร้าได้ไหมขึ้นอยู่กับเรา (Whether we can control depression depends on ourselves) with the mean of 2.18 (43.56%), ขอให้ทนช่วงดิ่งหนักๆไปให้ได้ (May you be able to endure the period of falling straight down) with the mean of 2.35 (47.04%), and ฝืนดึงตัวเองขึ้นมา (Force yourself to pull yourself up) with the mean of 2.11 (42.29%).

The following five metaphorical expressions were interpreted as "moderate":สู้ๆ (Keep fighting), อย่ายอมแพ้ (Don't surrender), ขอให้ผ่านไปได้ (Hope you can get over it), เวลาจะช่วยเยียวยา (Time can heal), and อย่ากดดันตัวเอง (Don't put pressure on yourself), with the means of 2.74 (54.79%), 2.81 (56.11%), 3.11 (62.19%), 2.87 (57.37%), 3.19 (63.71%) respectively.

These following seven metaphorical expressions were interpreted as "high": อยู่ตรงนี้ (right here) with the mean of 4.01 (80.28%), จับมือไปด้วยกัน (Let's hold each other's hands) with the mean of 3.90 (78.00%), สู้ไปด้วยกัน (Keep fighting together) with the mean of 3.43 (68.61%), รักษาใจไปด้วยกัน (Let's cure our minds together) with the mean of 3.51 (70.14%), พักใจก่อน (Let your mind rest) with the mean of 3.59 (71.78%), ระบายมันออกมา (Release it) with the mean of 3.93 (78.61%), and ค่อยลุกขึ้นมาใหม่ (You may get up once again later) with the mean of 3.50 (70.00%).

The results for all fifteen statements are also illustrated with bar charts and comments as follows.
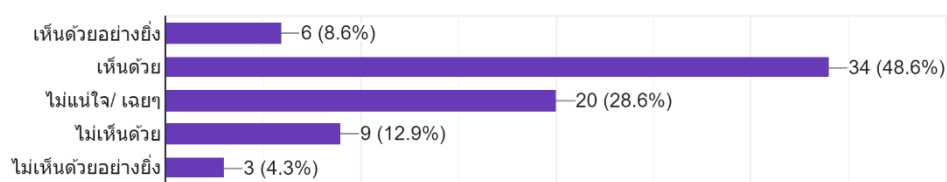
1. สู้ๆ (Keep fighting)
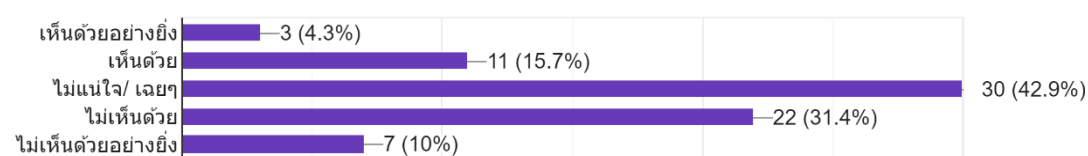
The results revealed that the statement "สู้ๆ" (Keep fighting) obtained the mean score of 2.74 (54.79%). Following the bar chart, while only 3 respondents strongly agreed on the statement, 7 respondents strongly disagreed. Most of them (i.e., 30 respondents) felt "neutral", while 11 agreed, and 22 disagreed. According to the data, it can be concluded that the sum of "disagree" and "strongly disagree" far outweighed that of "strongly agree" and "agree" (29 as opposed to 14 replies). After considering several respondents' comments on this expression, the following conclusion can be made.

One respondent informed that this word can be used sparingly, depending on each situation. If some individuals with depression continue to experience unstable symptoms, they could get disheartened by it. Another added that the word "fight" exacerbates depression symptoms and increases fatigue since depressed individuals feel as though they must battle again. Their efforts seem insufficient. Similarly, another informant believed there have been perhaps a lot of fights already. Asking patients to fight is equivalent to making them go through it all over again. They may deteriorate. In one's perception, patients may have been fighting nonstop until they are at their weakest. Likewise, using the word is akin to urging them to be more patient. It is suggested that instead of saying the word or interrupting them while they talk, one may consider communicating and listening with empathy.

However, one of the respondents informed that there are those who find the word acceptable and those who do not. The easiest advice is to say "keep fighting" as some speakers might not know how to offer support. Another believed that the circumstances, the speaker's tone, and the listener's attitude all play a role. The patients' attitude might improve or get worse depending on who they chat with. Some patients might be able to infer from the speaker's actual intent of giving encouragement.

2.สู้ไปด้วยกัน (Keep fighting together)

The findings showed that the statement "สู้ไปด้วยกัน" (Keep fighting together) received the mean score of 3.43 (68.61%). According to the bar chart, most of the respondents (i.e., 34) opted for "agree", followed by "neutral". The options "strongly agree" and "agree" altogether outweighed "disagree" and "strongly disagree". Comments on this statement provided by respondents can be concluded as follows:

One respondent believed that this expression suggests that patients do not have to solve problems alone. Another informed that it is dependent upon the listener's mood and the speaker's communication style. One person suggested that, in cases where the speaker and the patient share a similar circumstance, the statement may be beneficial.

3. อย่ายอมแพ้ (Don't surrender)
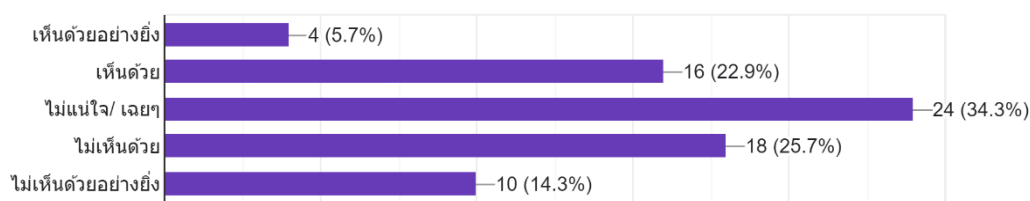
The results demonstrated that the statement "อย่ายอมแพ้" (Don't surrender) received the mean score of 2.81 (56.11%). Considering the bar chart, most of the respondents (i.e., 24) chose "neutral". The sum of "disagree" and "strongly disagree" obviously surpassed that of "strongly agree" and "agree". The following conclusion can be drawn from the respondents' comments on the statement "อย่ายอมแพ้".

One informant asserted that a person is not a loser for having depression; thus, it is improper to use this word. The other shared that there are moments when "we become so discouraged that we want to stop fighting". Patients might immediately stop fighting if hearing this word.

4. อยู่ตรงนี้ (Right here)
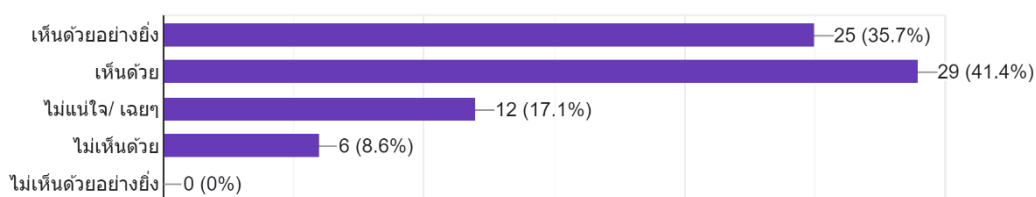
The findings indicated that the statement "อยู่ตรงนี้" (Right here) had the mean score of 4.01 (80.28%). Looking at the bar chart, the highest figures of responses are of "agree" and "strongly agree" with 41.4% and 35.7% respectively. In addition, nobody answered "strongly disagree". The following conclusion can be drawn regarding the statement "อยู่ตรงนี้".

One informant believed that this expression can remind patients that they are not alone and that assistance is available for them in times of need. Another added that it gives depressed people a sense of security knowing that someone is always there to support them.

5.จับมือไปด้วยกัน (Let's hold each other's hands)
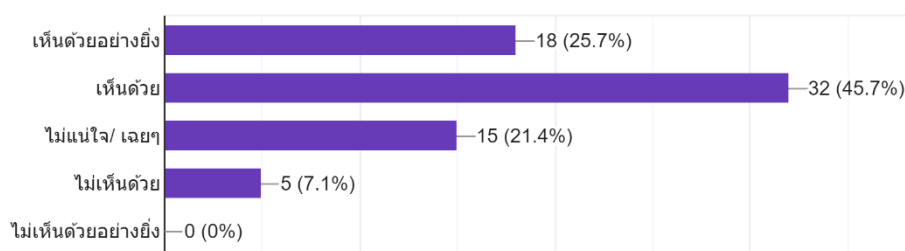
The results revealed that the statement "จับมือไปด้วยกัน" (Let's hold each other's hands) had the mean score of 3.90 (78.00%). Observing the bar chart, the highest figures of responses are of "agree" and "strongly agree" with 45.7% and 25.7% respectively. While some opted for "neutral" (15) and "disagree" (5), nobody answered "strongly disagree". With relation to the statement "จับมือไปด้วยกัน", there was only one comment stating that the idea that patients do not have to face difficulties on their own is one form of encouragement.

6.ขอให้ผ่านไปได้ (Hope you can get over it)
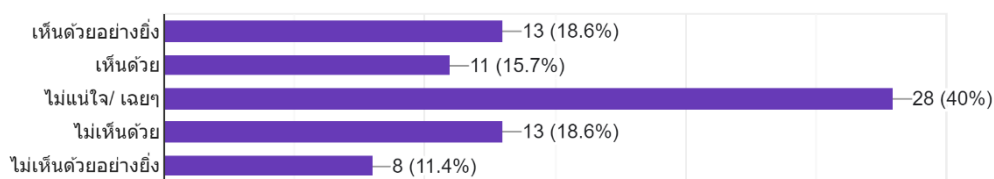
The results demonstrated that the statement "ขอให้ผ่านไปได้" (Hope you can get over it) obtained the mean score of 3.11 (62.19%). According to the bar chart, most of the respondents (i.e., 28) selected "neutral". The sum of "strongly agree" and "agree" slightly outweighed that of "disagree" and "strongly disagree". The following conclusion can be drawn from the respondents' comments on the statement "ขอให้ผ่านไปได้".

According to one informant's perception, this can be of helpful encouragement. Likewise, another considered the statement to be positive and comforting. However, some respondents shared their thoughts that it might not be a good idea to apply this expression to people who are having their onsets of depression. Also, this expression can give the impression that we are abandoning them to struggle through on their own. One informant further stated that it is acceptable if those who are not close to you say this. It seems strange when someone you know says it.
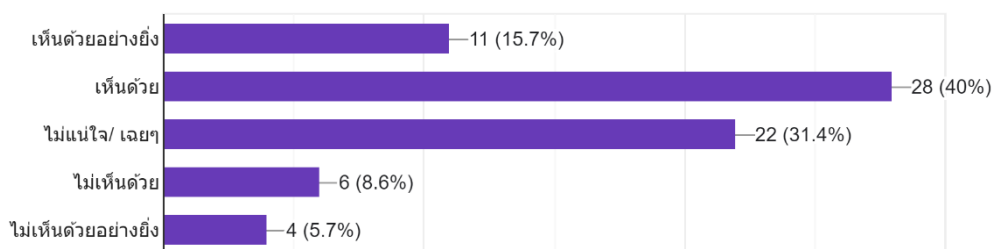
7.เวลาจะช่วยเยียวยา (Time can heal)
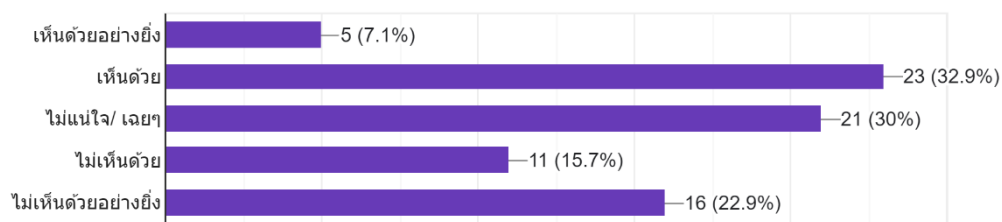
The findings indicated that the statement "เวลาจะช่วยเยียวยา" (Time can heal) had the mean score of 2.87 (57.37%). According to the bar chart, the majority of those surveyed (i.e., 23) selected "agree". However, a large number of respondents also belong to "neutral" and "strongly disagree". The following conclusion can be drawn from the respondents' comments on the statement "เวลาจะช่วยเยียวยา".
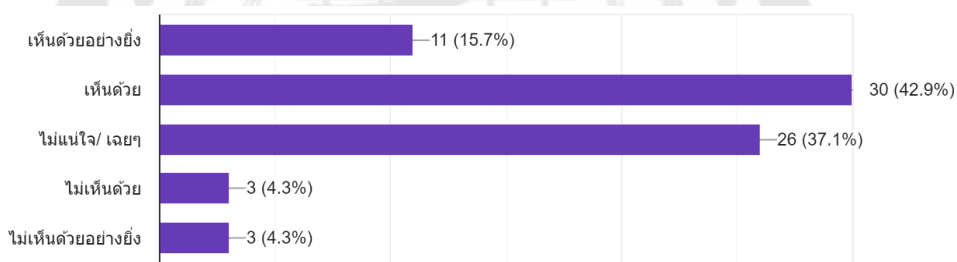
With this statement, patients are encouraged to heal gradually rather than rushing to get better right away. According to another person's viewpoint, saying this does not seem to make much of a difference because people may still be depressed after experiencing a negative incident.

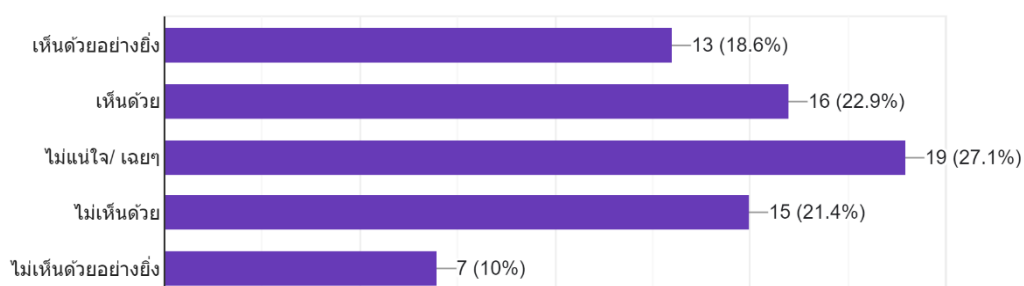8. รักษาใจไปด้วยกัน (Let's cure our minds together)

เห็นด้วยอย่างยิ่ง	11 (15.7%)
เห็นด้วย	28 (40%)
ไม่แน่ใจ/ เฉยๆ	22 (31.4%)
ไม่เห็นด้วย	6 (8.6%)
ไม่เห็นด้วยอย่างยิ่ง	4 (5.7%)

The results demonstrated that the statement "รักษาใจไปด้วยกัน" (Let's cure our minds together) obtained the mean score of 3.51 (70.14%). According to the bar chart, most of the respondents selected "agree" and "neutral" (i.e., 28 and 22). The sum of respondents who opted for "strongly agree" and "agree" far outweighed that of "disagree" and "strongly disagree" (i.e., 39 as opposed to 10). In association with the statement "รักษาใจไปด้วยกัน", only one remark mentioned that it helps people support one another and keeps depressed patients from feeling isolated.

9.พักใจก่อน (Let your mind rest)

เห็นด้วยอย่างยิ่ง	11 (15.7%)
เห็นด้วย	30 (42.9%)
ไม่แน่ใจ/ เฉยๆ	26 (37.1%)
ไม่เห็นด้วย	3 (4.3%)
ไม่เห็นด้วยอย่างยิ่ง	3 (4.3%)

The results revealed that the statement "พักใจก่อน" (Let your mind rest) obtained the mean score of 3.59 (71.78%). According to the bar chart, most of the respondents selected "agree" and "neutral" (i.e., 30 and 26). The sum of respondents who selected "strongly agree" and "agree" far outweighed that of "disagree" and "strongly disagree" (i.e., 41 as opposed to 6). No comments on the statement "พักใจก่อน" were received.

10.อย่ากดดันตัวเอง (Don't put pressure on yourself)

เห็นด้วยอย่างยิ่ง	13 (18.6%)
เห็นด้วย	16 (22.9%)
ไม่แน่ใจ/ เฉยๆ	19 (27.1%)
ไม่เห็นด้วย	15 (21.4%)
ไม่เห็นด้วยอย่างยิ่ง	7 (10%)

The results revealed that the statement "อย่ากดดันตัวเอง" (Don't put pressure on yourself) obtained the mean score of 3.19 (63.71%). According to the bar chart, all options, except "strongly disagree", had fairly similar figures of respondents. The sum of respondents who chose "strongly agree" and "agree" slightly surpassed that of "disagree" and "strongly disagree" (i.e., 29 as opposed to 22). In association with the statement "อย่ากดดันตัวเอง", just one response was received stating that "while it is simple to say, it's hard to do".
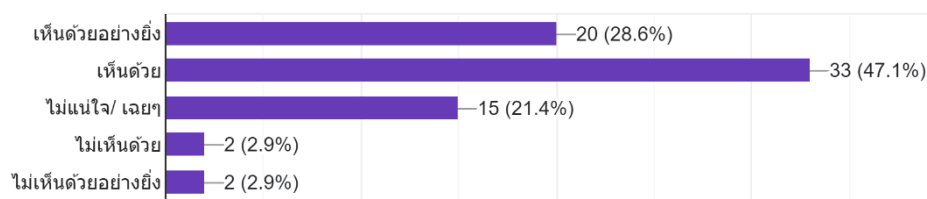
11. ควบคุมความเศร้าได้ไหมขึ้นอยู่กับเรา (Whether we can control depression depends on ourselves)
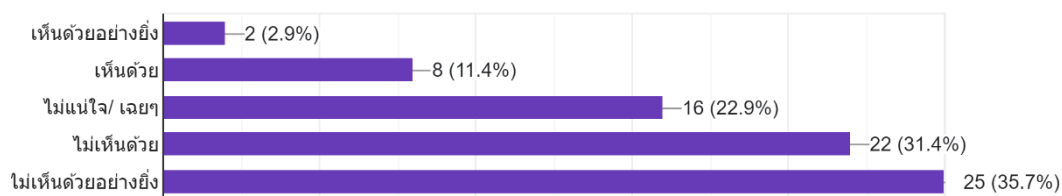
The results revealed that the statement "ควบคุมความเศร้าได้ไหมขึ้นอยู่กับเรา" (Whether we can control depression depends on ourselves) obtained the mean score of 2.18 (43.56%). According to the bar chart, interestingly, most of the respondents selected "strongly disagree" (i.e., 25). The sum of respondents who opted for "disagree" and "strongly disagree" considerably surpassed that of "strongly agree" and "agree" (i.e., 47 as opposed to 10). The following conclusion can be drawn from the respondents' comments on the statement "ควบคุมความเศร้าได้ไหมขึ้นอยู่กับเรา"

According to some respondents' perceptions, depression is linked to patients' brains causing sickness, sufferers themselves are therefore powerless to manage it. Some patients' melancholy may be too heavy for them to handle. If the patients are not too weak, they will comprehend that in order to calm their minds and lessen agony, they should concentrate on things that make them feel more comfortable. Likewise, some added that there may be unintentional pressure on the audience by saying this statement. Therefore, it might not be an appropriate expression because it is simple to say, but hard to accomplish.
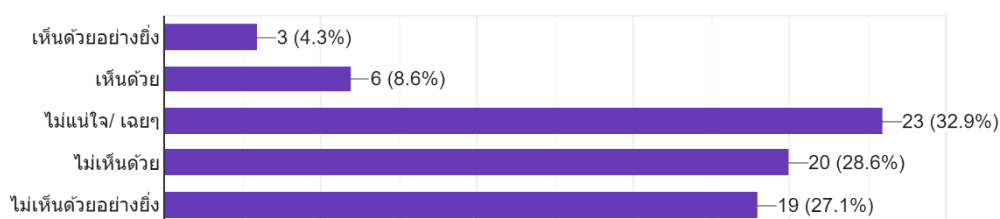
12. ระบายมันออกมา (Release it)

เห็นด้วยอย่างยิ่ง	20 (28.6%)
เห็นด้วย	33 (47.1%)
ไม่แน่ใจ/ เฉยๆ	15 (21.4%)
ไม่เห็นด้วย	2 (2.9%)
ไม่เห็นด้วยอย่างยิ่ง	2 (2.9%)

The results revealed that the statement "ระบายมันออกมา" (Release it) obtained the mean score of 3.93 (78.61%). According to the bar chart, most of the respondents selected "agree" (i.e., 33). The sum of respondents who selected "strongly agree" and "agree" far outweighed that of "disagree" and "strongly disagree" (i.e., 53 as opposed to 4). The following conclusion can be drawn from the respondents' comments on the statement "ระบายมันออกมา".

Comments on this statement are more likely to be positive. One person believed that it allows the sufferer to know that here is a place where they can express their emotions. Another person shared that "we typically cry and express our sadness when hearing this". Patients usually feel more relieved after the narrative is over because they feel more comfortable releasing to someone they trust.

13. ขอให้ทนช่วงดิ่งหนักๆไปให้ได้ (May you be able to endure the period of falling straight down)

เห็นด้วยอย่างยิ่ง	3 (4.3%)
เห็นด้วย	6 (8.6%)
ไม่แน่ใจ/ เฉยๆ	23 (32.9%)
ไม่เห็นด้วย	20 (28.6%)
ไม่เห็นด้วยอย่างยิ่ง	19 (27.1%)

The results revealed that the statement "ขอให้ทนช่วงดิ่งหนักๆไปให้ได้" (May you be able to endure the period of falling straight down) received the mean score of 2.35 (47.04%). According to the bar chart, most of the respondents felt "neutral" (i.e., 23). The sum of respondents who opted for "disagree" and "strongly disagree" greatly exceed that of "strongly agree" and "agree" (i.e., 39 as opposed to 9). The following conclusion can be made from the respondents' comments on the statement "ขอให้ทนช่วงดิ่งหนักๆไปให้ได้"

According to the feedback, one argued that it is not the right way to speak with patients because saying this statement may increase the listener's sense of helplessness. Another person added that it would be more acceptable if the word "pass" is used instead.
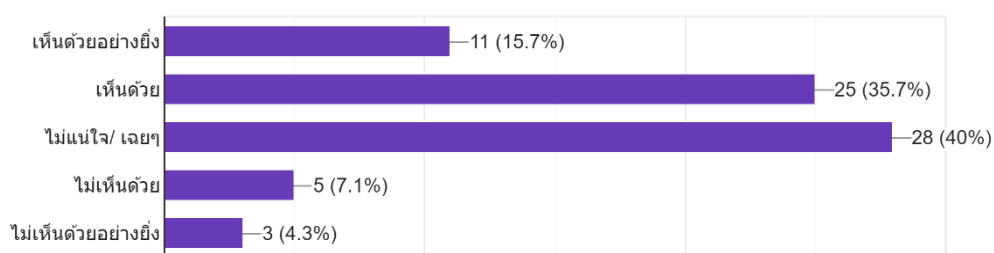
14. ฝืนดึงตัวเองขึ้นมา (Force yourself to pull yourself up)

เห็นด้วยอย่างยิ่ง	—2 (2.9%)
เห็นด้วย	—4 (5.7%)
ไม่แน่ใจ/ เฉยๆ	—18 (25.7%)
ไม่เห็นด้วย	—22 (31.4%)
ไม่เห็นด้วยอย่างยิ่ง	—24 (34.3%)

The results revealed that the statement "ฝืนดึงตัวเองขึ้นมา" (Force yourself to pull yourself up) obtained the mean score of 2.11 (42.29%). According to the bar chart, most of the respondents selected "strongly disagree" (i.e., 24). The sum of respondents who opted for "disagree" and "strongly disagree" considerably surpassed that of "strongly agree" and "agree" (i.e., 46 as opposed to 6). The following conclusion can be drawn from the respondents' comments on the statement "ฝืนดึงตัวเองขึ้นมา".

While one respondent expressed that "we get the impression from the sentence that we did not try hard enough", others affirmed that depressed individuals need assistance from others to pull them up because they are incapable of doing so on their own. Moreover, although simple to say, it is not always easy to do.

15. ค่อยลุกขึ้นมาใหม่ (You may get up once again later)

เห็นด้วยอย่างยิ่ง	—11 (15.7%)
เห็นด้วย	—25 (35.7%)
ไม่แน่ใจ/ เฉยๆ	—28 (40%)
ไม่เห็นด้วย	—5 (7.1%)
ไม่เห็นด้วยอย่างยิ่ง	—3 (4.3%)

The results revealed that the statement "ค่อยลุกขึ้นมาใหม่" (You may get up once again later) received the mean score of 3.50 (70.00%). According to the bar chart, most of the respondents felt "neutral" (i.e., 28). The sum of respondents who opted for "strongly agree" and "agree" exceeded that of "disagree" and "strongly disagree" (i.e., 36 as opposed to 8). In relation to the statement "ค่อยลุกขึ้นมาใหม่", there was only one comment

stating that this word enables patients to comprehend that everything is flexible. Tomorrow is another chance if they are unable to complete the task today.

4.4.3 Additional comments from respondents

In addition to comments on fifteen statements, other remarks made by the participants regarding empowering expressions to be used with depressed patients are as follows:

"A short message may not be able to communicate everything. If it were a slightly longer sentence, it would be better."

"The speaker makes a greater impression than the message itself. Both the circumstance and the vocal tone matter."

"It is important to comprehend and support patients who are depressed. In my experience, phrases like 'be patient' that are meant to encourage patients really seem to discourage them."

"Any expression can be employed, depending on the circumstances. Furthermore, when conversing with the sufferer, one should do it with true sympathy rather than a tone of annoyance."

"Should put more of an emphasis on listening to patients than on giving them instructions."

"Make sure your messages are simple to understand and free of disagreement, pressure, or pushing."

"From me, a sick person as well. Patients are not advised to be left alone unless they specifically request it. You must refrain from passing judgment. It's better not to ask them to keep fighting because they have nothing to fight with. Give up the notion that depressed individuals are spoilt. They feel better just by having you there for them; all they really need is someone to sit with and listen."

"It is crucial that you pay attention to them. Just give them the opportunity to talk. People with depression have very delicate minds, so use words with caution."

"Actually, I think words have a great effect on patients with this illness."

"I frequently use the statement 'No matter what you go through, you still have me here' with depressed people."

"Some expressions can hurt their minds. The speakers may not be aware of this. There should be a manual with short simple sentences that can be used right away."

"Let them know that you are here for them. Additionally, we must listen to them without giving the impression that we are pressuring them to take action."

"Just don't blame them."

"Avoid saying anything that could hurt their feelings. They may also doubt their ability to fight simply by hearing the word 'fight'."

"It's not necessary to say encouraging words mixed with irritation. We need a listening ear and somebody we can trust."

"You might need to consider patient's severity when offering support. Maybe you should stay away from past experiences that can aggravate their symptoms. If I were to provide words of empowerment, I would personally attempt to choose expressions that are as neutral as possible to avoid creating a recurring emotional impact."

"Personally, it bothers me when people console me or say something. The more people show up to talk, the more pressure I put on myself because it seems like there are people waiting, watching, and expecting."

The above comments emphasize the importance of listening, understanding, and supporting patients with depression, especially the need for simple and understanding messages. The importance of not passing judgment is also suggested. The respondents also advise using words with caution, avoiding blaming patients, and avoiding expressing frustration while having conversation with them.

4.4.4 Metaphorical expressions to be included on depression metaphor menu

In association with interpretation of Likert scale results, only metaphorical expressions having the mean scores ($\bar{x}$) of equal to or greater than 3.41 ($\geq$ 3.41) were

selected, indicating "high" and "very high", according to the interpretation of participants' agreement level. Metaphorical expressions with their mean scores interpreted as "low" and "moderate" were not chosen while those at high level were selected to be included on the menu.

Only seven out of fifteen metaphorical expressions were interpreted as "high"; consequently, they were selected based on the criteria made (i.e., mean score $\geq$ 3.41) as follows.

อยู่ตรงนี้ (Right here), $\bar{x}$ = 4.01

ระบายมันออกมา (Release it), $\bar{x}$ = 3.93

จับมือไปด้วยกัน (Let's hold each other's hands), $\bar{x}$ = 3.90

พักใจก่อน (Let your mind rest), $\bar{x}$ = 3.59

รักษาใจไปด้วยกัน (Let's cure our minds together), $\bar{x}$ = 3.51

ค่อยลุกขึ้นมาใหม่ (You may get up once again later), $\bar{x}$ = 3.50

สู้ไปด้วยกัน (Keep fighting together), $\bar{x}$ = 3.43

CHAPTER 5

CONCLUSION, DISCUSSION, IMPLICATIONS, AND RECOMMENDATIONS

This chapter includes 5.1 conclusion of the study, 5.2 discussion of the results, 5.3 implications of the study, and 5.4 recommendations of the study.

5.1 Conclusion of the study

This study investigated the conceptual metaphors for DEPRESSION in Thai depressed patients' Facebook posts in order to enhance public understanding of the patients' lived experiences in Thai society. The study also aimed to identify the most salient conceptual metaphors to gain insights into the typical conceptualization of DEPRESSION in a Thai cultural context. In addition, metaphorical expressions related to empowerment were compiled and surveyed to be included on the depression metaphor menu in order to assist in empowering patients.

Ten conceptual metaphors were identified based on the similarities between the target domains of depression and their source domains: DEPRESSION IS AN OPPONENT, DEPRESSION IS A JOURNEY, DEPRESSION IS A WOUND, DEPRESSION IS A SUBSTANCE IN A CONTAINER, BEING DEPRESSED IS DESCENT, DEPRESSION IS A VISITOR, DEPRESSION IS A CONTAINER, DEPRESSION IS A HEAVY ENTITY, A DEPRESSED PERSON'S MIND IS A CONTAINER, and A DEPRESSED PERSON'S MIND IS A MACHINE. Some of these conceptual metaphors are prevalent in other cultures while others are related to culture-specificity of the Thai context. Among the ten conceptual metaphors, the most salient conceptual metaphor, based on the researcher's specialized corpus data, was found to be OPPONENT, followed by JOURNEY, WOUND, SUBSTANCE IN A CONTAINER and DESCENT respectively. These conceptual metaphors have been identified in previous works related to depression, except for WOUND. While some concepts such as WOUND, as will be discussed, are considered culture-specific to the Thai context particularly in relation to Buddhism, others are thought to be universal, meaning they are also prevalent in other cultures.

The conceptual metaphors, namely DEPRESSION IS A VISITOR, DEPRESSION IS A CONTAINER, DEPRESSION IS A HEAVY ENTITY, A DEPRESSED PERSON'S MIND IS A CONTAINER, and A DEPRESSED PERSON'S MIND IS A MACHINE are not as salient as the ones mentioned previously. However, the findings also revealed the influence of embodied and cultural experiences on these conceptual metaphors, especially in terms of Buddhism. Also, according to CMT, there is no need for pre-existing similarities between any mapping, rather similarities at cognitive level. All conceptual metaphors may help us make sense of abstract ideas of depression through our embodied experiences, cultural conventions, and linguistic usage. Although conceptual metaphors provide a flexible framework for understanding abstract concepts, not all elements of the source domains in this study are mapped onto those of the targets. This process of highlighting properties is a fundamental aspect of how conceptual metaphors shape our understanding of depression.

Regarding the survey on perceptions of metaphorical expressions in terms of empowerment, fifteen metaphorical expressions associated with empowerment and advice were compiled for the questionnaire. However, only those interpreted as being in a "high" level of agreement according to participants' perceptions will further be included on the depression metaphor menu. Seven empowering metaphorical expressions, rated as "high", indicate that different conceptual metaphors may in fact have distinct impacts on different people, as demonstrated by the inclinations towards each most conceptual metaphor (i.e., JOURNEY, OPPONENT, WOUND, SUBSTANCE IN A CONTAINER, and DESCENT). Hopefully, the online version of the depression metaphor menu will need to be further created in the infographics, tested, and validated before being distributed to all relevant stakeholder groups (i.e., patients with depression, mental healthcare professionals and family carers) in the near future via the use of social media. The construction of a depression metaphor menu is intended to help empower patients and foster their mental well-being

5.2 Discussion of the results

This section discusses the results of the study which are divided into two main themes as follows: 5.2.1 ten conceptual metaphors for depression and their metaphorical salience, and 5.2.2 metaphorical expressions in terms of empowerment. The first topic unites the discussions on research objectives 1 and 2 while the latter concerns the findings of research questions 3 and 4.

5.2.1 Ten conceptual metaphors for depression and their metaphorical salience

The results of the initial research objective yielded altogether 10 conceptual metaphors. The findings of the initial research objective are consistent with previous studies in terms of the main conceptual metaphors for depression (e.g., Angkapanichkit et al., 2019; Charteris-Black, 2012; Coll-Florit et al., 2021; Fullagar & O'Brien, 2012; McMullen & Conway, 2002), especially the concepts of OPPONENT, JOURNEY, DESCENT, HEAVY ENTITY, and CONTAINER. Nevertheless, it is worth noticing that the WOUND source domain was not mentioned in other studies despite the salience found in the current study. This reflects the profound influence of Thai patients' embodied experience of physical wounds, as revealed in the use of various WOUND-related metaphorical expressions to conceptualize depression in the Thai context. According to the metaphorical salience as of the second research objective, the statistics revealed that even though the prevalent depression conceptual metaphors are also present in this study, some of them are not salient among Thai patients with depression.

1) DEPRESSION IS AN OPPONENT

DEPRESSION IS AN OPPONENT appears to be the most salient in the Thai context. Various word choices such as WAR, BATTLE, and VIOLENCE can also be used in other scholars' works. However, the OPPONENT in this study was carefully formulated to illustrate patients' motivation to fight and control depression–the target opponent. The source domain OPPONENT, despite not being the same source domain as for other studies on depression conceptual metaphors, however corresponds to Kövecses's (2010)

source domain of the conceptual metaphor SADNESS IS AN OPPONENT. The work of Fullagar and O'Brien (2012) is also particularly relevant in this regard, as the concept of BATTLE involves depressed patients' attempt to control depression that overwhelms them during the struggle of depression as an ongoing battle. Similarly, Coll-Florit et al. (2021a) posit that patients are in an inferior position, with depression having control over them. Taken altogether, depression is conceptualized as an opponent whom patients must fight against and control; otherwise, it can destroy and harm their lives due to its superior power.

Moreover, if patients are defeated by depression, they may end up thinking that they are losers and might therefore discontinue taking medications and reject all forms of treatments. The difficulties that patients have to face are revealed through many expressions, for instance, "ฮึดสู้" (fight hard) in (166) "พยายามทำทุกทางเท่าที่ทำได้แล้ว แต่ก็ไม่สามารถยับยั้งได้ น้ำตาไหลพรากหลังจากที่ฮึดสู้" (…I was in tears after *fighting hard*). This sentence indicates that depression cannot easily be defeated even though patients have used all methods and put much effort in fighting against it. Depression can therefore be thought of as a powerful opponent that is tough to fight against. The sentence also implies the patients' fullest attempt despite not winning the battle. It is undeniable that some patients might think of themselves as losers, according to the findings found. However, some patients use metaphorical expressions related to "losers" in a positive way to encourage themselves and others as well. For example, "ยอมแพ้" (surrender) was used in (188) "ไม่ว่าจะยังไง ขอให้เชื่อมั่นว่ามันจะต้องดีขึ้น อย่าเพิ่งยอมแพ้ กอดๆ" (…don't *surrender*…) to encourage their peers not to surrender because it will eventually get better. This sentence might at least help support their friends to believe in themselves that one day they can overcome depression.

The conceptual metaphor DEPRESSION IS AN OPPONENT of this study turned out to be the most salient which is in accordance with Mlakar's findings (2019) of the most frequent conceptual metaphor, i.e., DEPRESSION IS WAR. However, the derivation of the OPPONENT conceptual metaphor regarding its highest salience differs from that of Mlakar. While this study closely followed the calculation based on the salience-based

metaphor analysis by Kövecses et al. (2015) which takes all factors (i.e., mappings, types, and tokens) into account, the other relies solely on the counting of tokens. As a result, according to Table 5 in Chapter 4.2, if the number of tokens were to be used alone to represent salience, this conceptual metaphor would definitely not become the most salient. This phenomenon points out that the most salient conceptual metaphor does not necessarily possess the highest figure of every factor, but all factors (i.e., mappings, types, and tokens) obviously matter when it comes to finding out which conceptual metaphor really serves as the most salient among all.

VIOLENCE metaphorical expressions have been previously found in Semino et al.'s (2017) work as used by cancer patients to encourage one another as "fighters". In the Thai context, it was similarly found that one patient used the expression "fighter" for self-empowerment as in (183) "เราเชื่อว่าสักวันตัวเองจะเป็นนักสู้ที่เก่งที่สุด เพราะตัวเองเคย ผ่านมันมาแล้ว" (I believe I will be the greatest *fighter* one day…). Actually, this sentence also reflects that fighting against depression is endless because we can interpret the hidden meaning in this sentence that to become such a great fighter, one must have been through several battles already. Fortunately, this patient still believes in becoming the best fighter, considering that the opponent has previously been beaten. As a result, the OPPONENT concept can be regarded as a good portent for recovery that helps boost the self-esteem of patients in terms of viewing themselves as fighters to be able to deal with depression.

Another interesting point is that the metaphorical expression "สู้" (fight) is frequently found in peer support, as encouragement among depressed patients, to keep fighting the illness as illustrated in many sentences used by the depressed patients such as (136) "สู้กันต่อไป" (Let's keep *fighting* it), (138) "มาให้กำลังใจ สู้ๆนะ" (I'm here to support you to *fight*), and (152) "จะสู้ไปด้วยกันนะ" (I'm going to *fight* it with you). The fact that "สู้" (fight) was used several times, according to the tokens counted in the corpus, might be because depressed members in the group might want to be part of encouraging one another by empowering those who were about to surrender. They may want to encourage their friends to continue fighting against depression because many of them know that one

day we can all defeat it no matter how hard it is or which methods (e.g., various treatments) they use. Nevertheless, the expression "สู้ๆ" (fight) is still controversial nowadays in Thai society whether it really is appropriate to be used with depressed patients.

This conceptual metaphor reveals shared embodied experience across cultures in a way that all elements of the source domain OPPONENT are mapped onto those of the target DEPRESSION by virtue of similarities at the cognitive level. For instance, the experience of "fighting an opponent" is mapped onto "dealing with depression" by the use of several types such as "battle", "fight", and "confront", suggesting similarities of the conceptual mapping that depression has to be fought just as an opponent. Since the OPPONENT concept has been found in previous works regarding depression conceptual metaphors, and appears to be the most salient one in the Thai context, it might be therefore considered universal, not restricted to specific cultures.

2) DEPRESSION IS A JOURNEY

DEPRESSION IS A JOURNEY is the second most salient conceptual metaphor. The JOURNEY concept also appears to be one of the most predominant conceptual metaphors found in previous studies (Coll-Florit et al., 2021a, 2021b; Fullagar & O'Brien, 2012). This might be because the way depression is conceptualized as a journey obviously relates to our everyday physical experience of moving from one place to another, which we are all familiar with since the very beginning of life. This concept is evidence of embodied experience of depression even though patients are not physically moving. The source domain JOURNEY involves experiences such as traveling while the target domain DEPRESSION involves complex emotional and interpersonal dynamics. Elements of JOURNEY, based on similarities in terms of cognition, are thus systematically mapped onto elements of DEPRESSION, allowing us to understand and reason about depression in association with a journey. The JOURNEY concept is in line with Kövecses' (2017) earlier statement that "more-physical domains typically serve as source domains for more-abstract targets, as in the LIFE IS A JOURNEY metaphor" (p. 16). JOURNEY serves as a source domain to understand the target domain which is DEPRESSION because it is easy to imagine how the illness is like. The statement (195) "การเดินทางนี้

อาจจะยาวนานจวบจนลมหายใจสุดท้าย แต่ฉันตั้งใจแน่วแน่ว่า ฉันจะไม่ยอมแพ้" (This *journey* may last till my last breath…) clearly illustrates the conceptualization of depression as a journey. It indicates that patients realize having depression as being on a journey. It also shows that a journey takes time or may take a life time until it ends. However, it can be assumed that patients still have hope for recovery even though depression journey may last long. Accordingly, it can be understood that patients might have suffered enough on the journey so that they no longer want to be on.

According to the findings of this research, assistance can be provided on a journey by means of travelling companions (i.e., other depressed patients in the Facebook group) along the way of the depression journey. For instance, the metaphorical expression "จับมือ" (hold hands) appeared in the statement (208) "เป็นกำลังใจให้นะ จับมือผ่านไปด้วยกัน" (…*hold hands* and get through it together), used to console their friends by telling them that they are not travelling alone. Despite not physically holding each other's hands, "จับมือ" (hold hands) demonstrates not only encouragement, but friendship and sympathy among depressed patients who are on the same journey. Just like friends in general, friends who have shared experiences are willing to support one another and go through all hardships together because this is what friends are for. The statement (208) also, therefore, implies that patients with depression think of those who are in the same Facebook group as their friends and that they need to offer help when their friends face difficulties along the journey of depression. This positive aspect of the JOURNEY concept of having friends was also discovered in previous research on cancer patients (Semino et al., 2017) and can be viewed as empowerment. The results of the study therefore confirm that JOURNEY conceptual metaphors are indeed pervasive not only for the experiences of physical illnesses such as cancer, but also psychological states such as depression.

Sometimes, being depressed seems to be a journey without destination as with "หมดหนทาง" (no path) used in the expression (200) "การที่ป่วยมันทำให้เราไร้อนาคต หมด หวัง หมดหนทาง" (While being ill, I see no future, I have no hope, *no path*). This may be because patients are not certain whether they will recover from the illness or not, due to the far-fetched destination. This implies that in order to recover from depression, it takes

time so that some patients feel discouraged. After receiving medications, it might take weeks, months, or even a life time to recover. This uncertainty might make them think that they might not be able to recover. With the use of the expression "no path", it can be assumed that depression must apparently be a hopeless journey as patients think that there is "no path" at all towards recovery. This at least allows some insights into how depression can be so severe that affects patients' thoughts and destroys their hope.

Another interesting point to remark is that the verb "ผ่าน" (pass) was identified 32 times in the corpus categorized under the conceptual mapping ABILITY TO UNDERTAKE A JOURNEY ➔ ABILITY TO RECOVER FROM DEPRESSION. Among 32 tokens, most of them were used as support and encouragement as found in the statement (238) "เป็น กำลังใจให้นะ แล้วมันจะผ่านไปด้วยดี" (This will eventually *pass*). According to this statement, it can be understood that the depression journey might be full of tough events so the metaphorical expression "ผ่าน" (pass) is frequently used by patients with depression to support one another that these unpleasant events along the journey will eventually be gone.

3) DEPRESSION IS A WOUND

Unlike the conceptual metaphors DEPRESSION IS AN OPPONENT and DEPRESSION IS A JOURNEY, the third most salient conceptual metaphor DEPRESSION IS A WOUND has not been stated in previous conceptual metaphor research for depression. This might be due to the restricted acceptance of depression as a real sickness in Thai society. Depression is thus conceptualized as a wound to truly represent how depressed patients suffer from depression, just as they do from a physical wound. More interestingly, even though its aggregate value ranks third according to metaphorical salience, the data revealed that this conceptual metaphor has the highest number of overall metaphorical expressions related to the concept WOUND such as "heal", "wound", and "suffer". This conceptualization should explain to others that their depression really exists even though it is invisible. In addition, given Thai people's long-standing attachment to Buddhism, the concept of WOUND may perhaps have some connection to the belief in

Dhamma Medicine—the teachings of the Buddha—to alleviate suffering from the invisible wound. "I need encouragement to *heal* my mind", for instance, reveals that depressed patients themselves believe depression can also be healed just as a physical wound. This implies that they realize that depression, like a wound, should receive some treatment, whether it is medication or mental support. The WOUND concept eventually contributes to a proper understanding of the illness in terms of its existence and curability.

Properties of the source domain WOUND include concrete nature, familiarity, and association with bodily experiences while those of the target domain DEPRESSION include abstract nature, complexity, and association with concepts that may not have direct sensory-motor correlates. Consequently, some properties such as pain from a wound are highlighted in our understanding of DEPRESSION, based on similarities at the cognitive level.

The WOUND concept of the current study is however in accordance with the research findings of Munday et al. (2020) and Rechsteiner et al. (2020), despite not mentioning depression in particular, in a way that suffering from invisible pain is conceptualized as common pain experiences such as a physical wound. Trauma conceptual metaphors were examined by Rechsteiner et al. (2020). Due to the unpleasant and bitter feelings the psychological trauma causes, informants compared it to a physical wound, such as "scars that stick to the soul". Munday et al. (2020), however, looked into conceptual metaphor in patients with chronic pain. Likewise, a source domain COMMON PAIN EXPERIENCES was disclosed. To make their suffering more relatable and easier for listeners to understand, the volunteers described their pain using everyday events like "painful concrete injuries". From these two previous studies, it can be seen that both "scars" and "concrete injuries" are in association with our physical experiences.

The depressed patients expressed their pain by pain-related words to make it more understandable. In the Thai context, up to 11 types of metaphorical expressions were reported under the conceptual mapping PAIN FROM A WOUND ➔ PAIN FROM DEPRESSION. Elaborating pain from depression by Thai patients thus revealed a variety of metaphorical expressions, including both verbs and nouns: "เจ็บปวด" (painful), "ความ

เจ็บปวด" (pain), "ทรมาน" (suffer), "ความทรมาน" (suffering), "ปวดใจ" (distressed), "เจ็บ" (hurt), "เจ็บใจ" (indignant), "ทุรนทุราย" (struggle), "บาดเจ็บ" (injured), "ทน" (endure), and "ทนทุกข์ทรมาน" (endure suffering). The use of these various expressions on pain may contribute to the uniqueness of the WOUND concept in the Thai cultural setting, especially in association with bodily experience that the invisible wound can be healed according to the belief in Buddhism.

It is also worth noticing how patients came up with many types of metaphorical expressions, just to explain the pain alone. This might also reflect a desire to make known their pain to the society in which depression is still not accepted. One patient claimed that only those who have wounds in the mind will be able to relate to the exactly same pain, according to (13) "คงมีแต่คนที่มีบาดแผลอยู่ในใจ ที่จะเข้าใจความเจ็บปวดในรูปแบบเดียวกัน" (only individuals with *psychological wounds* will understand the same *pain*). Depression is like a physical wound. Just as experiencing pain from other common pain, pain can also be experienced by patients with depression. Even though this wound is invisible, it does mean that depressed patients do not suffer from it. This complaint can indeed represent that patients with depression feel pain, just as patients with other physical illnesses do.

The employment of different WOUND-related metaphorical expressions to conceive depression in the Thai context reveals the tremendous significance of Thai patients' embodied experience of physical wounds. This is due to the fact that depression dwells inside a depressed person's mind and is invisible to those who have never dealt with it. The only people who genuinely recognize this invisible pain are those who are affected by it.

4) DEPRESSION IS A SUBSTANCE IN A CONTAINER

DEPRESSION IS A SUBSTANCE IN A CONTAINER, despite its fourth ranking in metaphorical salience, yielded the largest number of tokens of metaphorical expressions with 85 out of 388 tokens (i.e., 20.63% of all tokens). This figure is much higher than that of the top three conceptual metaphors if only the token percentage is taken into account.

This phenomenon results from the repeated use of some metaphorical expressions found in the corpus. For instance, the verb "release" was used 37 times, leading to 37 tokens for this type alone. This indicates the frequent use of this metaphorical expression (i.e., release) among Thai depressed patients, especially when they would love someone to listen to their expression of deep feelings that they can no longer hold as in this statement: (312) "ขอระบายหน่อย เหนื่อยใจมาก" (I would like to *release* it here. I'm worn out). The use of the expression "release" among patients implies that it is essential for them, when being depressed, to talk to someone and let go of their feelings in order to feel more relieved. Similar to a pressurized substance in a container, high levels of depression can frequently cause some individuals to lose control of their overwhelming feelings. They may cry uncontrollably or talk to someone else to let go of these emotions in order to release them.

The other metaphorical expressions belonging to this conceptual metaphor were not as common as "release" given that this metaphorical expression occupies almost half of the 85 tokens. However, high figures of tokens were identified for some of metaphorical expressions such as "explode" (9 tokens), "pressured" (7 tokens), and "control" (7 tokens).

Mlakar's (2019) work yielded similar results on the OUT OF BALANCE concept, suggesting that individuals experiencing depression feel either excessive or insufficient, which leads to their everyday functioning being improper. The statement "my confidence evaporated" (p. 49), for instance, highlights the patient's inability to manage his own stress and unpleasant feelings. Likewise, regarding the SUBSTANCE IN A CONTAINER concept, patients with depression attempt to keep their depression under control. Nevertheless, if control is lost, the excessive substance may burst out of the container or explode as in the following statement: (351) "เมื่อสะสมไปเรื่อยๆ ทำให้เก็บกด จนกดไม่ไหว ระเบิดออก" (As it continues to accumulate, it causes me to feel repressed until I cannot repress it, and it *explodes*).

The conceptual metaphor DEPRESSION IS A SUBSTANCE IN A CONTAINER also resembles Kövecses' (2010) conceptual metaphor SADNESS IS A FLUID IN A CONTAINER in a way that depression or sadness is conceptualized as a substance/ fluid

in a container as in this statement: "I am filled with sorrow" (p. 334). The statement (280) "ขอบคุณสำหรับพื้นที่ระบาย เพราะอึดอัดมานานละ" (Thank you for the space to *release* because it has been *cramped* for a long time) clearly illustrates depression as a pressurized substance by the use of the metaphorical expression "อึดอัด" (cramped), suggesting that depression needs releasing. Just as when the pressure inside a container is so intense, the substance can no longer stay.

If the conceptual metaphor DEPRESSION IS A SUBSTANCE IN A CONTAINER were to be combined with the other two container-related conceptual metaphors (i.e., DEPRESSION IS A CONTAINER and A DEPRESSED PERSON IS A CONTAINER), which share the same source domain CONTAINER, the overall aggregate value would be the largest among all the rest, adding up to 76.80%. Nevertheless, these three conceptual metaphors had to be kept separate because DEPRESSION and A DEPRESSED PERSON'S MIND are different target domains that require their own metaphor identification and analysis.

5) BEING DEPRESSED IS DESCENT

The fifth-ranking salient conceptual metaphor BEING DEPRESSED IS DESCENT is another significant conceptual metaphor relevant to depression and is recognized as one of the most dominant metaphors in seminal studies (e.g., Charteris-Black, 2012; McMullen & Conway, 2002). This conceptual metaphor is fundamentally in accordance with Lakoff and Johnson's framework regarding the orientational conceptual metaphors (HAPPY IS UP; SAD IS DOWN) which involve our physical basis, stating that "drooping posture typically goes along with sadness and depression, erect posture with a positive emotional state" (Lakoff & Johnson, 1980, p. 15). Accordingly, people tend to lie down physically when they are ill, so it can also be thought of as feeling down mentally when depressed. Descent is globally one of our most mundane physical experiences.

As of the Thai context, this conceptual metaphor was detected in prior research conducted by Angkapanichkit et al. (2019) with the mutual use of the metaphorical expression "down" which relates to patients' physical posture. Indeed, it represents one

of the most salient conceptual metaphors universally when mentioning depression. Despite sharing the same concept, this current research however identified various actions of "descent" such as falling down to a lower level as in "down to hell". The expression "hell" appears in conjunction with "down", indicating a lower level. This might result from the influence of religious belief prevalent among Thai people (i.e., Buddhism) in a lower place. Since "hell" is an extremely unpleasant place full of punishment and suffering, it is understandable that this expression is used among depressed Thai patients to communicate their agony.

The concept DESCENT is in line with Lendik et al.'s findings (2017) elicited from the Semai minority group. As evidenced by the two prevalent conceptual metaphors that emerged from the interviews: HEALTH IS UP and ILLNESS IS DOWN, the concept DOWN or DESCENT is also in accordance with Lakoff and Johnson's orientational metaphor, relating to our bodily experience of physical space which is "down". Likewise, Mlakar (2019) posits that patients with depression are depicted in the DESCENT conceptual metaphor as being in the worst possible condition and helpless to avoid reaching their lowest point of depression as in the following sentences: "I had hit rock bottom" and "I spent years sinking deeper and deeper" (p.55).

Coll-Florit et al. (2021b), however, presented overlapping conceptual metaphors for mental disorders containing two source domains which are DESCENT and CONTAINER as illustrated in this statement: "at the bottom of the cave, you do not see the light coming from outside and therefore the way out" (p.97). Similar to the findings of this current study, the metaphorical expression "ตกต่ำ" (bottom out) was identified in the Thai corpus as shown in the following sentences: (86) "ชีวิตตกลงไปอยู่ในจุดที่พูดได้ว่าตกต่ำที่สุดตั้งแต่มีชีวิตมา" (My life has *bottomed out*) and (87) "ในเวลาที่ชีวิตตกต่ำ ก็ได้แค่หายใจต่อไป" (Only keep breathing when life *bottoms out*). This metaphorical expression is categorized under the conceptual mapping FALLING DOWN TO A LOWER LEVEL → BEING DEPRESSED. Both metaphorical expressions found in the works of Coll-Florit et al. (2021b) and this research (i.e., "at the bottom of the cave" and "bottom out") indicate the

conceptualization of being depressed as descent, despite the patients not being physically at the bottom of somewhere.

Due to cognitive similarities, all components of the source domain DESCENT are mapped onto those of the target in the conceptual metaphor BEING DEPRESSED IS DESCENT, revealing shared lived experience across cultures. The concept DESCENT could therefore be regarded as universal rather than culturally specific because it has been identified in earlier research on depression conceptual metaphors and because it also appears to be one of the most salient conceptual metaphors in the Thai setting. Accordingly, the concept DESCENT supports the prior assertion made by McMullen and Conway (2002) that it is regarded as one of the most common conceptual metaphors for depression.

6) DEPRESSION IS A VISITOR

Ranked in the sixth place in metaphorical salience, the conceptual metaphor DEPRESSION IS A VISITOR has also become pervasive in the Thai context among ten conceptual metaphors. Depression is viewed as a visitor that occasionally makes an appearance in the minds of depressed individuals, causing them to experience depression whenever it does. This conceptual metaphor might be comparable to that of Petchkij's (2008) findings on cancer in the Thai context. One of the conceptual metaphors found in her early investigation is CANCER IS A FRIEND. The concepts VISITOR and FRIEND are very close in terms of being a living entity or a person. The present study also contained metaphorical expressions, similar to those discovered in Petchkij's research such as "อยู่ร่วมกัน" (live together) "มาเยือน" (visit) "กลับมา" (return), mutually indicating the properties of a friend or a visitor. These properties of the source domain VISITOR are similar to those of the target domain DEPRESSION at the cognitive level.

In a similar vein, the mental disorders such as OCD are also conceptualized as LIVING ENTITY in the Spanish context with the use of the metaphorical expressions "living" and "cohabiting with" as in the following statement: "living and cohabiting with my obsessive-compulsive disorder" (Coll-Florit et al., 2021b, p.95). Despite being different

source domains, LIVING ENTITY and VISITOR however both consist of similar metaphorical expressions used to talk about the mental illnesses as a living thing such as "living with".

Patients who are depressed learn to accept living with depression as a temporary condition once they understand that it is only a passing feeling. Put differently, depression could return. Patients may be able to cope with depression more easily if they learn to accept it as a visitor as evidenced by the use of the metaphorical expressions "อยู่ร่วมกัน" (live together) and "ยอมรับ" (accept) in (120) and (127) "เรียนรู้ที่จะอยู่ร่วมกัน ฉันยอมรับเขา ฉันเริ่มปล่อยวาง" (I am learning to *live together* and *accept* him). In terms of cultural importance, the acceptance of depression as a visitor through patients' metaphorical language might reflect the Thais' belief in Buddhist teachings regarding accepting reality of life. If we refuse to accept what has happened to our life, we may endure suffering even more. Consequently, many patients choose to accept the fact that they have to live together with their depression by viewing it as a visitor.

7) DEPRESSION IS A CONTAINER

The conceptual metaphor that ranked seventh in metaphorical salience is DEPRESSION IS A CONTAINER. The concept of CONTAINER is in line with the cognitive linguists Lakoff and Johnson's (1980) proposal that, with a boundary surface and an in-out orientation, each of us is thought of as a container. Accordingly, relying on our own bodily in-out experience, we also see things as having an outside and an inside. Mental states such as depression, consequently, can also be thought of as containers as in the given statement by these linguists: "He fell into a depression" (p.32). In accordance with their framework, the in-out embodiment was also discovered in the Thai context as in the following statement: (269) "ทุกครั้งที่เริ่มดีเพรส เราก็พยายามดึงตัวออกมาได้สำเร็จ" (when being depressed, I try to *pull* myself *out*). Just as a physical container, there is an exit for a depressed person to come out of depression. Similar to Mlakar's investigation (2019), one's perception of their recovery from depression is the capacity to exit the container.

The concept CONTAINER is also associated with Charteris-Black's (2012) containment model which states that both depression and a depressed patient can act as a container. To illustrate, depression is conceptualized as a container inside which depressed patients are, whereas patients themselves especially their minds are conceptualized as a container containing thoughts, feelings, and emotions. In his work, a person with depression may also be thought of as being inside a container, as in "I found myself very boxed in" (p.207). Likewise, in the Thai context, depression is also regarded as a container containing a depressed person, as in the following statement: (264) "อดีต ฉันเคยทนทุกทรมานกับสิ่งที่เป็น วนเวียนอยู่ในห้วงแห่งความเศร้า" (...*circling around* the *realm* of depression).

The concept of CONTAINER, despite not being one of the top three conceptual metaphors for the present study, it however supports the earlier claim by McMullen and Conway (2002) that it seems to be among the most prevalent conceptual metaphors for depression. This is due to the fact that metaphorical expressions, belonging to the conceptual metaphor DEPRESSION IS A CONTAINER, are also considered pervasive in the Thai context according to the metaphorical salience.

8) DEPRESSION IS A HEAVY ENTITY

The conceptual metaphor ranked eighth among other salient ones is DEPRESSION IS A HEAVY ENTITY. The previous claim by McMullen and Conway (2002) that the concept of WEIGHT appears to be one of the most prevalent conceptual metaphors for depression is supported by the concept of HEAVY ENTITY as of this study. Evidence of embodiment of depression, for example, can be found in particular metaphorical expressions of the concept HEAVY ENTITY such as "let go" and "lay down" which both possess the same meaning related to "unloading" in the Thai equivalent. They demonstrate our physical experience of unloading a heavy entity so that we no longer feel heavy from carrying it. Likewise, this experience is also thought of as relief from depression as we do not feel depressed anymore.

The metaphorical language produced by patients to express "letting go", for instance, might be a reflection of Thais' adherence to Buddhist instructions on accepting life as it is. We can suffer considerably more if we insist on holding on and refuse to let go. As a result, depression is viewed as a burden that needs to be laid down.

Mlakar's analysis also included the conceptual metaphor DEPRESSION IS A BURDEN (2019). The notion of WEIGHT proposed by McMullen and Conway (2002) is connected to the concepts of HEAVY ENTITY and BURDEN. According to those who experience depression, the feeling is similar to carrying a heavy load about all the time, as in these statements: "I felt as if I was dragging weight behind me" (Mlakar, 2019, p. 56), and (255) "ดันมาเจอว่าป่วยซึมเศร้า แบกอาการความรู้สึกไม่ไหวจนขอเข้าหาหมอที่นี่" (...I can no longer *carry* my feeling…) of the present study. Accordingly, individuals who are depressed and think that their condition is a burden eventually might not be able to complete simple activities. Because of the weight of depression on them, they may take longer time and need more effort to finish activities than typical people do.

According to Mirdamadi (2019), in order to heal mental illnesses applying traditional medication, Iranians often associate their mental illness with physical symptoms like fatigue, as in the statement: "I feel like my body gets heavy" (p. 162). Additionally, patients feel that their psychological illness is finally understood and accepted when it is accompanied by tangible symptoms. However, in the Thai context, the concept of HEAVY is rather associated with psychological condition of depression as in the following statement: (251) "มันหนักสำหรับเรามาก เรารู้สึกว่าเราไม่อยากมีชีวิตอยู่ต่อ" (It is too *heavy* for me…). Despite not physically being heavy, depression is heavy in the sense that it can make patients feel its weight mentally.

9) A DEPRESSED PERSON'S MIND IS A CONTAINER

A DEPRESSED PERSON'S MIND IS A CONTAINER is the ninth-ranking salient conceptual metaphor according to its metaphorical salience. An individual is viewed as a container with an in-out orientation and a boundary surface (Lakoff & Johnson, 1980). Consequently, we likewise see things as having an exterior and an interior based on our own physical inside-out experience. Much like depression which is a mental state, a

depressed person's mind is also intangible so the mind can also be conceptualized as a container.

The containment model proposed by Charteris-Black (2012), which contends that depression and depressed patients both have the capacity to serve as containers, is linked to the concept of CONTAINER. For example, patients' minds are considered as a container containing thoughts, feelings, and emotions, whereas depression is conceptualized as a container inside which depressed patients are located. Therefore, the target domain DEPRESSED PERSON'S MIND is quite similar to the target domain DEPRESSION in terms of being able to function as containers.

10) A DEPRESSED PERSON'S MIND IS A MACHINE

Conforming to Lakoff and Johnson's (1980) framework regarding MIND IS A MACHINE, ontological metaphor holds that abstract ideas are comprehended in relation to physical concepts. While MACHINE is thought of as concrete in relation to our bodily experiences, MIND is an abstract idea. A DEPRESSED PERSON'S MIND IS A MACHINE is, therefore, in consistent with the cognitive linguists' framework in this regard.

Since A DEPRESSED PERSON'S MIND IS A MACHINE is the least salient conceptual metaphor with the aggregate value of only 14.57%, there are just two identified conceptual mappings belonging to this conceptual metaphor: A BROKEN MACHINE → A DEPRESSED PERSON'S MIND, and A DYSFUNCTIONAL MACHINE → A DEPRESSED PERSON'S MIND.

A person with depression is thought of as having a machine-like mind. Individuals suffering with this condition often view themselves, particularly their minds as unfixable machinery as in this statement: (359) "ใจพังมาก ทำได้แค่ร้องไห้เงียบๆ คนเดียว" (My heart is *broken*...). On the other hand, if perceived as a malfunctioning machine, it implies that patients' minds are still reparable, just like a normal machine, and that they can resume a normal living. For instance, the metaphorical expression "ซ่อม" (repair) in the statement (364) "บางทีก็แค่เข้าใจและแก้หรือซ่อมมันให้ดูดีขึ้นซะ" (Perhaps you should fix or *repair* it...)

suggests that a person's mind, just like a machine, can be repaired in order to function normally.

All in all, some conceptual metaphors for depression in the present study have also been mentioned in previous works, namely DEPRESSION IS AN OPPONENT, DEPRESSION IS A JOURNEY, BEING DEPRESSED IS DESCENT, DEPRESSION IS A CONTAINER, and DEPRESSION IS A HEAVY ENTITY. Consequently, most of the conceptual metaphors can be considered universal due to shared embodied experiences across several cultures including the Western and the Asian. However, the conceptual metaphor DEPRESSION IS A WOUND, despite its universality characteristic, is more likely to be unique to the Thai context for some of its features such as the Buddhist's related issues. This particular detail gives this conceptual metaphor more cultural relevance, resulting in cultural specificity in terms of the religious belief in the Thai context.

Both universal and culture-specific conceptual metaphors in depressed Thai patients might help understand how the lived experience of depression is like through the metaphorical expressions directly conveyed by the patients who have suffered from this mental illness. Therefore, metaphorical expressions could be considered beneficial for expressing pain from mental illnesses such as depression in a way that patients can make known their pain freely to those associated with them such as family carers and mental health professionals.

5.2.2 Metaphorical expressions in terms of empowerment

Fifteen metaphorical expressions associated with empowerment and advice, selected to be included in the questionnaire, are as follows: สู้ๆ (Keep fighting), สู้ไปด้วยกัน (Keep fighting together), อย่ายอมแพ้ (Don't surrender), อยู่ตรงนี้ (Right here), จับมือไปด้วยกัน (Let's hold each other's hands), ขอให้ผ่านไปได้ (Hope you can get over it), เวลาจะช่วยเยียวยา (Time can heal), รักษาใจไปด้วยกัน (Let's cure our minds together), พักใจก่อน (Let your mind rest), อย่ากดดันตัวเอง (Don't put pressure on yourself), ควบคุมความเศร้าได้ไหมขึ้นอยู่กับเรา (Whether we can control depression depends on ourselves), ระบายมัน

ออกมา (Release it), ขอให้ทนช่วงดิ่งหนักๆไปให้ได้ (May you be able to endure the period of falling straight down), ฝืนดึงตัวเองขึ้นมา (Force yourself to pull yourself up), and ค่อยลุก ขึ้นมาใหม่ (You may get up once again later).

Three metaphorical expressions interpreted as "low" according to participants' perceptions are as follows: ควบคุมความเศร้าได้ไหมขึ้นอยู่กับเรา (Whether we can control depression depends on ourselves) from DEPRESSION IS SUBSTANCE IN A CONTAINER, ขอให้ทนช่วงดิ่งหนักๆไปให้ได้ (May you be able to endure the period of falling straight down) and ฝืนดึงตัวเองขึ้นมา (Force yourself to pull yourself up), both from BEING DEPRESSED IS DESCENT. Being one among those in the "low" agreement level, it is possible that the statement "Whether we can control depression depends on ourselves" may enable sufferers to feel under strain that they have to control what is hard for them on their own. Also being unfavorable, the statements "May you be able to endure the period of falling straight down" and "Force yourself to pull yourself up" may intensify the feeling of powerlessness in patients in a way that they may think they have not tried enough.

Another five metaphorical expressions were interpreted as "moderate": สู้ๆ (Keep fighting) and อย่ายอมแพ้ (Don't surrender) from DEPRESSION IS AN OPPONENT, ขอให้ ผ่านไปได้ (Hope you can get over it) from DEPRESSION IS A JOURNEY, เวลาจะช่วยเยียวยา (Time can heal) from DEPRESSION IS A WOUND, and อย่ากดดันตัวเอง (Don't put pressure on yourself) from DEPRESSION IS SUBSTANCE IN A CONTAINER.

"Keep fighting" was found to be at the "moderate" level of agreement, suggesting that while some people might find it acceptable, others might not. Hearing such an expression may worsen some patients' condition since they may have been through numerous fights already. The expression, however, has still been used widely in the Thai context. This might be due to it being the simplest piece of advice since some speakers may not know how to provide assistance. According to the comments on this expression, not just the expression matters; the circumstances, the speaker's tone, and the listener's mindset also do when it comes to determining the suitability of the expression. Among the other statements that were discovered to have "moderate" agreement, some received positive comments while some did not. "Hope you can get over it" and "Time can heal"

were viewed as helpful whereas "Don't surrender" and "Don't put pressure on yourself" were found to be inappropriate to be used with patients with depression.

These following seven metaphorical expressions were interpreted as "high": อยู่ตรงนี้ (Right here) and จับมือไปด้วยกัน (Let's hold each other's hands) from DEPRESSION IS A JOURNEY, สู้ไปด้วยกัน (Keep fighting together) from DEPRESSION IS AN OPPONENT, รักษาใจไปด้วยกัน (Let's cure our minds together) and พักใจก่อน (Let your mind rest) from DEPRESSION IS A WOUND, ระบายมันออกมา (Release it) from DEPRESSION IS SUBSTANCE IN A CONTAINER, and ค่อยลุกขึ้นมาใหม่ (You may get up once again later) from BEING DEPRESSED IS DESCENT. All these metaphorical expressions were chosen to be further included on the menu, considering their "high" level of agreement. In addition, these expressions obtained positive feedback, complying with their high mean scores.

The metaphorical expressions "right here" and "hold each other's hands" both give patients a sense of having friends when they are in need. These expressions might reassure patients that support is available and that they are not alone during their struggles. Both expressions belong to the conceptual metaphor DEPRESSION IS A JOURNEY.

The metaphorical expression "Keep fighting together" was found to be more empowering compared to the expression "Keep fighting" without the attachment of "together". It is more likely that "Keep fighting together" gives patients a sense of not having to fight alone, unlike the counterpart. "Keep fighting", despite being a controversial expression in the Thai context, however reveals its appropriateness when accompanied by "together". This implies that the conceptual metaphor DEPRESSION IS AN OPPONENT is not always negative. It can still be used with caution.

The statements "Let's cure our minds together" and "Let your mind rest" create the impression of mental support and understanding so that patients no longer feel alone. Both statements belong to the conceptual metaphor DEPRESSION IS A WOUND.

"Release it", as of the conceptual metaphor DEPRESSION IS SUBSTANCE IN A CONTAINER, enables patients to realize that they can express their feelings. Consequently, patients may feel more relieved.

"You may get up once again later", belonging to the conceptual metaphor BEING DEPRESSED IS DESCENT, allows patients to try again at a later time. Accordingly, they may perhaps feel more at ease, knowing that they can attempt once more later on.

According to the statements of "high" level of agreement, it can be seen that the most five salient conceptual metaphors were all favored. This is in line with Demjén and Semino's assertion (2017) that "Violence metaphors are not always negative, while Journey metaphors are not always a better alternative, at least when it comes to patient empowerment (p. 395)". Various metaphors may indeed have varying effects on different individuals as evidenced by the preferences on all selected conceptual metaphors, i.e., JOURNEY, OPPONENT, WOUND, SUBSTANCE IN A CONTAINER, and DESCENT. However, the conceptual metaphors JOURNEY and WOUND seemed to receive more favor than the others, each having two metaphorical expressions belonging to them. This may suggest participants' preferences for these conceptual metaphors over the others.

Despite being the most salient conceptual metaphor, OPPONENT was not found to be the most empowering one when it comes to empowerment, when compared to JOURNEY and WOUND. Nevertheless, this does not imply that metaphorical expressions from the conceptual metaphor OPPONENT should not at all be used with patients. OPPONENT-related metaphorical expressions can still be used with caution, depending on the many circumstances.

WAR or BATTLE and JOURNEY metaphors were specifically examined in previous research in terms of their empowerment in health communication (Coll-Florit & Climent, 2022; Hendricks et al., 2018). Since both conceptual metaphors were surprisingly found to be the most salient in the Thai context, their empowerment is therefore worth discussing.

The findings of Hendricks et al.'s (2018) work portrayed the participants' belief that, with both frames (i.e., a "journey" frame and a "battle" frame), a person however seemed to make peace with his illness than to feel guilty based on their data. Accordingly,

the claim that Journey metaphors are preferable to Battle metaphors cannot be made. Likewise, even though the conceptual metaphors JOURNEY and WOUND appeared to be preferable to OPPONENT concerning empowerment, the findings of this current study revealed that each empowering metaphorical expression based on the survey belong to either one of the five most salient conceptual metaphors. In other words, not every one of the seven empowering metaphorical expressions that received a "high" rating falls under a single conceptual metaphor. This implies that the empowering metaphorical expressions belonging to all conceptual metaphors may suit an individual differently.

Moreover, Coll-Florit and Climent (2022) concluded that both metaphors may be disempowering and empowering when it comes to handling a situation. Both of them can be empowering in different ways; for instance, metaphors related to journeys and wars may be empowering when they show patients having control over their journey and when they are perceived as fighters. The findings of these previous investigations (Coll-Florit & Climent, 2022; Hendricks et al., 2018) and this current study are thus consistent with previous claim that "Violence and Journey metaphors may indeed facilitate different ways of framing the patient's experience, but their precise functions vary depending on who uses them and how" (Demjén & Semino, 2017, p. 395). Consequently, it is still impossible to conclude which conceptual metaphors are truly the best in all cases when it comes to empowerment.

Apart from the metaphorical expressions themselves, other factors might come into play as observed in informants' valuable comments. It is possible that a brief message cannot convey everything; therefore, speakers should take into account that sometimes they need longer sentences in order to be able to encourage patients. More importantly, instead of blaming and speaking in an irritated tone, one could engage the patient in conversation with genuine sympathy. In addition, one thing that patients may need most of all is someone to just listen to them, thus speakers might emphasize this point more.

5.3 Implications of the study

The findings of this study have profound implications for mental healthcare communication, as they provide insights into how depression is conceptualized through the metaphorical language produced by patients. Understanding DEPRESSION conceptual metaphors may help in comprehending patients' feelings and thoughts. Moreover, the findings should also benefit linguists across cultures who are keen on investigating metaphorical expressions used by patients with depression. Since language and illness are intertwined, the findings from various conceptual metaphor studies should also facilitate understanding of mental illnesses such as depression, offering new insights into the role of metaphor in human cognition and communication.

The findings of the present research might also have implications for all stakeholder groups related to mental healthcare communication including depressed patients, family carers and mental health professionals involved in psychiatric settings (i.e., psychiatrists, psychotherapists, and counselors), and as well researchers who are interested in exploring patients' metaphor use, as follows:

In terms of Thai psychiatric benefits, a comprehensive understanding of the patients' experiences and needs through conceptual metaphors could be, to some extent, suitable for diagnosis and effective treatment of depression (Sopory, 2014) owing to the increase in better understanding of patients' illness condition through conceptual metaphor. For instance, especially when patients do not state their experiences explicitly, clinicians may benefit greatly from conceptual metaphor in terms of easily distinguishing depressed individuals from those with sadness at a normal level because diagnosis accompanied by conceptual metaphor can help enhance understanding of patients' experiences, feelings and, thoughts (e.g., what they are thinking).

Patients are likely to reveal how truly depressed they are through their own creative metaphorical expressions; for this reason, conceptual metaphor is thus considered a helpful tool in this field. Overall findings of depression conceptual metaphors may help enhance all stakeholder groups' understanding of depression. Psychiatrists, psychotherapists, and counselors could gain more insight into patients' pain that cannot

be simply expressed in normal words, but through metaphorical expressions. This also allows mutual understanding between health professionals and patients since patients' feelings are eventually well listened and understood through the use of metaphorical language. Family carers (i.e., family members, couples, and friends) are an important part for patients' strong recovery and sustainable life. They are the loved ones whom patients trust and would like to share their thoughts with. Family carers should listen to patients carefully without blaming them. We might have better understanding of depression through patients' language consisting of metaphorical expressions (e.g., how they feel and what they need) since abstract pain from depression generally cannot be expressed using only literal words.

Harnessing metaphorical expressions as a communicative instrument could allow depressed individuals to be able to express, explain, and make sense of their lived experiences of depression (Demjén & Semino, 2017). Once patients seem ready to hear from us, we can also repeat the metaphorical expressions used by patients in order to have collaborative conversation which in turn can lead to a better recovery from depression as suggested by Charteris-Black (2012). Conceptual metaphors should therefore benefit family carers in order to be more empathetic and be patients' comfort zone. Additionally, general people interested in this issue can also develop understanding of the patients' experiences and needs at least to some extent.

Thai society will also be raised awareness that patients with depression are not insane and should be treated more appropriately. The empowering metaphorical expressions to be included on the depression metaphor menu, hopefully, could act as a manual for all stakeholder groups related to depression to be more considerate when talking to depressed patients. The suggested expressions might be of help in encouraging and fostering well-being of the patients. However, all stakeholder groups should be aware that some metaphorical expressions might be helpful for someone but might not work for the other.

Instead of avoiding some metaphorical expressions in particular, all stakeholder groups should be encouraged to choose any metaphorical expressions that suit patients

best (Demjén & Semino, 2017; MELCteam, 2021; Semino et al., 2017). Therefore, the suggested empowering metaphorical expressions should more or less be helpful for all family carers and mental health professionals to use with their patients, or patients with patients. With hope, this should also make a major contribution to suicide prevention in terms of helping improve mental healthcare communication among all stakeholder groups. In sum, empowering metaphorical expressions to be included on the metaphor menu as part of strengthening resilience to depression might be especially helpful to Thai patients who have been fighting depression at the present moment or those who might become depressed in the near future.

Furthermore, in mental healthcare clinical settings, the empowering metaphorical expressions might be adopted to communicate with depressed Thai patients involved in any therapeutic sessions or clinical trials conducted by mental health professionals.

Additionally, the findings of this research should also benefit Thai researchers in the field of cognitive linguistics who are keen to investigate metaphorical expressions used by patients with depression or other mental illnesses in terms of not only understanding patients' thoughts and feelings through their metaphorical expressions, but also providing metaphorical expressions found in researchers' studies to help empower patients. Since language, illness, and healthcare are intertwined, the findings should also shed some light on how metaphor studies may facilitate understanding of mental illnesses and mental healthcare communication alike.

5.4 Recommendations of the study

Despite the valuable contributions of this research, there are limitations such as the generalizability of the findings due to the data collection from only one Facebook group. Even though patients' relatives are not allowed to be group members, this target group however includes patients with other mental illnesses such as schizophrenia, panic disorder, and anxiety disorder. This could result in a laborious screening procedure of written posts. Therefore, future research on DEPRESSION conceptual metaphors should include a larger sample size to ensure the generalizability of the results in a specific

language, and select the target groups consisting of only patients with depression to ease data collection. Moreover, some personal information in the patients' narratives needed to be removed before being presented in the results section due to ethical issues. This might lead to a limited context for some sample sentences. As a result, researchers who are keen on investigating metaphorical expressions relevant to depression might turn to public groups instead. Furthermore, besides gathering data from different sources such as surveys, documents, or databases, further studies should consider the potential biases and reliability of each data source. There may be differences in the objectivity or credibility of various sources. In addition, the triangulated data should also be analyzed critically by identifying any contradictions or outliers. By triangulating data in this way, researchers can increase the reliability and validity of the research findings, enabling the conclusions to be more reliable. In addition, seven empowering metaphorical expressions, according to the last research question, still need to be validated to be included on the depression metaphor menu, so they are required to be used with caution with patients.

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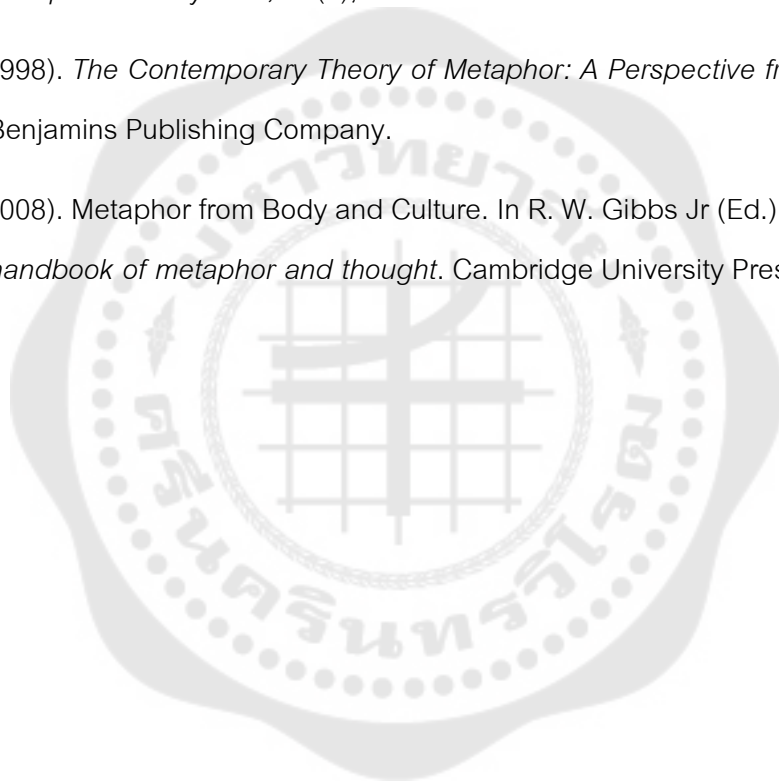
APPENDICES

Appendix 1

Facebook pages about depression and other related mental illnesses by Thai mental health professionals (accessed August 3-5, 2022)

Public page	Page creation date	Number of followers	Link	Category
คลินิกสุขภาพจิตนายแพทย์เจษฎา	April 10, 2013	518k	https://www.facebook.com/D2JED	psychiatrist
Alljit สุขภาพจิตใจ	November 6, 2020	430,843	https://www.facebook.com/ALLJITcom/	psychologist & local Service
ตามใจนักจิตวิทยา	May 3, 2018	336k	https://www.facebook.com/followpsychologist	psychologist
สมาคมจิตแพทย์แห่งประเทศไทย	February 6, 2014	306,211	https://www.facebook.com/ThaiPsychiatricAssociation/	nonprofit organization
ชมรมจิตแพทย์เด็กและวัยรุ่นแห่งประเทศไทย	February 12, 2013	158,247	https://www.facebook.com/thaichildpsy/	College of Psychiatrists
กรมสุขภาพจิต กระทรวงสาธารณสุข	December 17, 2014	141k	https://www.facebook.com/THAIDMH	government organization
หมอปอขอเล่าเรื่องโรคจิตเวช	December 20, 2015	113k	https://www.facebook.com/thepsychistory	public figure
1323 ปรึกษาปัญหาสุขภาพจิต	April 7, 2016	110k	https://www.facebook.com/helpline1323	government organization
ปั้นใหม่ โดยอาจารย์หมออุมาพร	November 24, 2014	109,594	https://www.facebook.com/punmainewlife/	education & psychiatrist
Psychologist Cafe'	September 9, 2014	99,566	https://www.facebook.com/PsychologistCafe/	mental health service
Istrong Mental Health	February 17, 2016	57,892	https://www.facebook.com/istrong.co/	mental health service
บ้าน-พลัง-ใจ	April 10, 2020	52,686	https://www.facebook.com/Baanpalangjai/	psychologist & family therapist
จิตเวช รามาธิบดี	February 20, 2011	46,256	https://www.facebook.com/ramapsych/	Department of Psychiatry, Faculty of Medicine Ramathibodi Hospital
The Samaritans of Thailand สมาคม สะมาริตันส์แห่งประเทศไทย	November 4, 2011	45,539	www.facebook.com/Samaritans.Thailand	organization
คลินิกเฉพาะทางจิตเวชหมอพายุพล	March 13, 2014	43k	https://www.facebook.com/doctorpayupon	psychiatrist
Manarom Center มนารมย์ เซ็นเตอร์	February 28, 2011	33,154	https://www.facebook.com/ManaromHospital/about/?ref=page_internal	hospital
SUKSANGDAI	September 24, 2011	31,922	https://www.facebook.com/sukdsangdai/?ref=page_internal	medical service & government organization
Knowing Mind Center	June 4, 2010	31,095	https://www.facebook.com/knowingmindgroup	psychologist & counselor
ยิ่งโตยิ่งสุข	December 4, 2019	31,058	https://www.facebook.com/Dr.Tantawan/	psychiatrist
โรงพยาบาลศรีธัญญา	February 20, 2015	30,782	https://bit.ly/3Fnztr1	hospital

Appendix 1 (Continued)

Public page	Page creation date	Number of followers	Link	Category
Addiction Talk-จิตแพทย์อยากเล่า by TSAP	June 5, 2019	30,273	https://bit.ly/3yJAc1Q	education website & mental health service
he, art, psychotherapy	October 11, 2019	26,715	https://www.facebook.com/heartpsychotherapy/	psychologist, psychotherapist & mental health service ·
คลินิกจิตแพทย์ The Mind Clinic	July 31, 2017	17k	https://www.facebook.com/themind.psychiatrist	psychiatric clinic
ศูนย์สุขภาวะทางจิต (Center for Psychological Wellness)	October 9, 2012	16,772	https://www.facebook.com/WellnessPsyCU/	mental health service & psychologist
ห้องตรวจ จิตเวช	March 5, 2015	16,739	https://bit.ly/3lfre9D	specialist & community
Clinical Psychology Siriraj :: จิตวิทยาคลินิกศิริราช	September 6, 2012	15,313	https://www.facebook.com/siclinpsy/	Department of Psychiatry, Faculty of Medicine, Siriraj Hospital
สถาบันจิตเวชศาสตร์สมเด็จเจ้าพระยา	March 21, 2014	13k	https://www.facebook.com/profile.php?id=100064537156161	government organization
ศูนย์ความรู้เทคโนโลยีโรคซึมเศร้าไทย	September 16, 2015	12,199	https://www.facebook.com/thaidepression.center/	organization
ราชวิทยาลัยจิตแพทย์แห่งประเทศไทย	March 11, 2011	11,677	https://www.facebook.com/rcpsycht/	college & university
ดูแลจิตใจและครอบครัวกับหมอยงยุทธ	February 22, 2016	11k	https://www.facebook.com/DrYongyud	psychiatrist
สถาบันสุขภาพจิตเด็กและวัยรุ่นราชนครินทร์	February 7, 2018	9.7k	https://www.facebook.com/smartteencamri	government organization
แนท ฐิตาภา คลินิกสุขภาพจิต	October 19, 2017	9k	https://www.facebook.com/told.psychologist	community service
The Mind by Siriraj จิตเวชศิริราช	August 11, 2010	7,993	https://www.facebook.com/TheMindBySiriraj/	Department of Psychiatry, Faculty of Medicine, Siriraj Hospital
เรื่องเล่าจากห้องตรวจจิตเวช	February 25, 2015	7.3k	https://www.facebook.com/profile.php?id=100063769441228	public figure
Psyjai	July 29, 2020	6,468	https://www.facebook.com/psyjaibot	mental health service
Depress We Care	December 28, 2017	6,153	https://www.facebook.com/Depresswecare/	organization
Smind Mental Health Clinic ไม่ป่วยก็มาได้ by จิตแพทย์	July 8, 2021	5,515	https://www.facebook.com/smindcounseling/	medical & health
โรคซึมเศร้า-DepressionTherapy	June 28, 2017	4,997	https://www.facebook.com/DepressionTherapy/	community, hospital & doctor
Here to Heal	February 3, 2021	3,697	https://www.facebook.com/Here-to-Heal-349851032751104/	public & government service
Sleep รามาฯ	January 2, 2019	3.6k	https://www.facebook.com/Sleep.Rama	education website
WooHoo	February 5, 2019	3.5k	https://www.facebook.com/DMHWooHoo	medical & health

Appendix 1 (Continued)

Public page	Page creation date	Number of followers	Link	Category
คลินิกแพทย์วิเชียร สุขภาพจิตและยาเสพติด	July 29, 2014	3,268	https://www.facebook.com/drwichianclinic/	psychiatrist
Mental Health Immunity	July 28, 2021	2,750	https://www.facebook.com/vaccinejaii/	medical, health & consulting agency
คลินิกสุขภาพจิต ธรรมศาสตร์ TU Psychiatry	December 9, 2013	2,459	https://www.facebook.com/TUpsychi/	mental health service
คลินิกหมอชนกานต์:ตรวจรักษาโรคทางจิตเวช ซึมเศร้า วิตกกังวล นอนไม่หลับ	October 2, 2016	2,356	https://www.facebook.com/doctorchonakarn/	psychiatric clinic
ซึมเศร้าเราคุยกันได้	October 17, 2018	2,036	https://www.facebook.com/ReduceDepression	local business
CBT ดีต่อใจ	October 21, 2020	1,951	https://www.facebook.com/cbtdeetorjai/	psychotherapist
Joy of Minds	June 17, 2020	1,915	https://www.facebook.com/Joyofminds/	mental health service, psychologist & family therapist
บ้านรักษ์ใจคลินิกจิตเวช	October 31, 2016	1,884	https://www.facebook.com/baanrakjai/	mental health service
Better Mind เครียด ซึมเศร้า วิตกกังวล พบนักจิตวิทยา จิตแพทย์	May 29, 2018	1,860	https://www.facebook.com/BettermindThailand/	psychologist
เครือข่ายความสุขจากโรคซึมเศร้า	August 12, 2018	1,754	https://www.facebook.com/HappinessFromDepression/?ref=page_internal	community service
ศูนย์พัฒนาชีวิตผู้ป่วยจิตเวช บ้านสวนสายใย-ก้อนแก้ว	February 22, 2016	1,313	https://www.facebook.com/Bannsuansaiyai/?ref=page_internal	community
ซึมแต่ไม่เศร้า by.หมอเตย	September 9, 2021	336	https://bit.ly/3likPdL	psychiatrist
Thai Familylink Association - สมาคมสายใยครอบครัว	February 17, 2022	210	https://www.facebook.com/thaifamilylinkorg/	non-governmental organization (NGO)

Notes: The researcher sorted the list by the pages' popularity (i.e., number of page followers) in order to illustrate the current trend of Thai society's preferences. At the time of the search, Facebook showed the researcher inconsistent appearance of number of followers i.e., sometimes it showed every digit number but sometimes it appeared as "k" at the end of number to mean "a thousand". This is a list of Facebook pages compiled for those who would like to seek help from health professionals and gain insightful knowledge about mental illnesses from reliable sources.

Appendix 2

Facebook pages created over 5 years (accessed August 3-4, 2022)

Public page	Page creation date	Number of followers
สบายดี? - ผู้ป่วยจิตเภทและซึมเศร้า	October 21, 2016	2.7k
Depression is not just a Windblow	September 3, 2016	7,533
ซึมเศร้าตัวแม่	February 22, 2016	4,094
โรคซึมเศร้า ภัยใกล้ตัว	October 7, 2015	2,357
โรคซึมเศร้าที่รัก	August 13, 2015	33,863
โรคซึมเศร้า เราอยู่กับเค้าได้ รักษาหายได้ด้วย	March 30, 2015	10,261
สาส์นจากผู้ป่วยโรคซึมเศร้า	November 22, 2014	70k
รอยปากกาซึมเศร้า	July 8, 2014	2.3k
Better together	November 11, 2010	29k

Appendix 3

Facebook pages created during the past 5 years, with the word "ซึมเศร้า" as part of a title (accessed August 3, 2022)

Public page	Page creation date	Number of followers
Sad land ดินแดนแห่งความซึมเศร้า	July 3, 2022	49
โรคซึมเศร้าหายได้ by Happynow	June 15, 2022	36
ระบายซึมเศร้า	May 9, 2022	82
ยิ้มซึมเศร้า	August 28, 2021	3
มันก็แค่ "ซึมเศร้า"	August 27, 2021	163
ซึมเศร้าเราต้องหาย	July 29, 2021	9.5k
ปรึกษาโรคซึมเศร้าฟรี	July 18, 2021	1,381
ซึมเศร้าที่รัก*	July 11, 2021	1.2k
บุ๊คกี้ ฉันคือผู้ป่วยซึมเศร้า	June 13, 2021	1,587
โลกของคนเป็นโรคซึมเศร้า By Somxanny	June 6, 2021	1,764
โรคซึมเศร้า*	April 13, 2021	658
ซึมเศร้าเราหายได้	April 8, 2021	1,018
คนซึมเศร้า เล่าให้ฟัง	May 20, 2021	976
ซึมเศร้าเราเพื่อนกัน depression but we are friends	May 4, 2021	1,221
คนซึมเศร้าไม่เหงาอีกต่อไป	March 25, 2021	1,891
ซึมเศร้า*	March 12, 2021	1
ความในใจของซึมเศร้า	March 6, 2021	1,000
ภาวะโรคซึมเศร้า	January 21, 2021	1.2k
ซึมแต่ไม่เศร้า	January 8, 2021	7,161
เมื่อฉันมีเพื่อนเป็นโรคซึมเศร้า	January 3, 2021	700
ซึมเศร้า เข้าใจ	January 3, 2021	2,658
ซึมเศร้า*	December 16, 2020	551
โลกซึมเศร้า*	December 6, 2020	731
โรคซึมเศร้า*	November 30, 2020	3,110
เรื่องเล่าจากมนุษย์ซึมเศร้า	November 24, 2020	2.6k
•ซึมเศร้า•	November 13, 2020	2.2k
ซึมเศร้า.*	August 10, 2020	8,554
เพราะซึมเศร้าเราคือเพื่อนกัน	August 6, 2020	3,740
โลก ซึม เศร้า	July 8, 2020	4,394
ซึมเศร้าพาชีวิตฉันไปทางไหน	June 20, 2020	1.8k
เมื่อฉันก้าวข้ามโรคซึมเศร้า	June 4, 2020	132
ซึมเศร้าที่รัก*	May 22, 2020	41
เด็กหญิงซึมเศร้า	April 18, 2020	2,484
คนเศร้าเล่าเรื่องเอง โรคซึมเศร้า	April 8, 2020	165
ซึมเศร้า*	March 15, 2020	1,228
ฉันจะอยู่ยังไงกับโรคซึมเศร้า	February 9, 2020	2,873
เมื่อฉันหายจากโรคซึมเศร้า	January 22, 2020	2,454
ซึมเศร้าไดอารี่ by malik	December 23, 2019	2.8k
โลกซึมเศร้า*	December 21, 2019	10k
ซึมเศร้าเล่าเรื่อง	December 10, 2019	559
ซึมเศร้ากับความโดดเดี่ยว	December 9, 2019	1.3k
โรคซึมเศร้า*	December 3, 2019	4k
ศูนย์ให้คำปรึกษาภาวะโรคซึมเศร้าฟรี โลกนี้ยังน่าอยู่	October 15, 2019	6,293

Appendix 3 (Continued)

Public page	Page creation date	Number of followers
ซึมเศร้าเราเข้าใจ	October 11, 2019	4,154
ไดอารี่ซึมเศร้า	October 11, 2019	2,892
ซึมเศร้า.*	September 20, 2019	44k
คำคมคนซึมเศร้า	July 20, 2019	4k
ซึมเศร้ากับผู้หญิงที่โดดเดี่ยว	June 30, 2019	218k
นิราศ โรคซึมเศร้า	June 4, 2019	9,924
ซึมเศร้า เราซึมกว่าส้วม	May 21, 2019	112
โรคซึมเศร้าฉันจะเล่าให้ฟัง	April 24, 2019	4,347
ซึมเศร้า*	April 20, 2019	2,765
ซึมเศร้า เล่าได้	April 17, 2019	2,947
ไดอารี่ ของผู้ป่วยโรคซึมเศร้า.	April 12, 2019	26k
โลกซึมเศร้า*	March 21, 2019	2,634
ขอบคุณโรคซึมเศร้า Thank you , Depression.	March 15, 2019	2,351
ซึมซับ ไม่ซึมเศร้า	March 7, 2019	34,437
ซึมเศร้าเพื่อนรัก*	January 4, 2019	914
ชมรมคนเป็นโรคซึมเศร้า	January 1, 2019	466
MDD คือ โรคซึมเศร้า	November 30, 2018	3,194
โรคซึมเศร้ากับฉันในทุกๆวัน	November 20, 2018	6.1k
ซึมเศร้าเพื่อนรัก*	November 14, 2018	2.5k
โรคซึมเศร้าและโรคไบโพล่า	November 14, 2018	3,382
โลกเทาเทาของผู้ป่วยซึมเศร้า	November 10, 2018	2.5k
ซึมเศร้าเพื่อนรัก*	October 27, 2018	55,751
ซึมเศร้าที่รัก*	October 12, 2018	867
ซึมเศร้า เล่าต่อ	August 29, 2018	36
โลกซึมเศร้า ของคนเป็น โรคซึมเศร้า	July 3, 2018	997
โรคซึมเศร้า*	April 19, 2018	53,332
Depressify ซึมเศร้าเราเพื่อนกัน	March 9, 2018	4.3k
โรคซึมเศร้า เข้าใจได้	January 9, 2018	19k
ซึมเศร้าไดอารี่	September 25, 2017	6,483
โรคซึมเศร้า สู่ไบโพล่าร์ by Giee	August 25, 2017	4,104
เมื่อผมป่วยเป็นโรคซึมเศร้า	May 12, 2017	37,190
ความในใจของผู้ป่วย-ซึมเศร้า	April 11, 2017	4,019

Notes: This merely serves to illustrate the abundance of brand-new pages in order to raise people's awareness of depression that the patients are not alone.

Appendix 4

Public Facebook groups created during the past 5 years, with the word **"ซึมเศร้า"** as part of a title (accessed August 5, 2022)

Group name	Group creation date	Number of members
กลุ่มรวมคนที่เป็นโรคซึมเศร้า	June 23, 2022	23
เข้าใจโรคซึมเศร้า	March 20, 2022	146
โลก ซึมเศร้า	March 2, 2022	1,090
โรคแพนิค(Panic Disorder) ซึมเศร้า (เพราะเราเข้าใจกัน)	January 20, 2022	204
โรคซึมเศร้าหายได้ ลดความเครียด ความกังวล ไบโพล่า นอนไม่หลับรักษาหายได้	December 15, 2021	67
โรคซึมเศร้าที่ฉันก็เป็น😢 🥑	September 7, 2021	401
โรคซึมเศร้า ไม่มีใครสนใจ🙂	May 20, 2021	1,298
แชร์ประสบการณ์"โรคซึมเศร้า"	May 13, 2021	155
Friend เพื่อนซึมเศร้าไบโพลาร์	April 27, 2021	119
🖤 โรคซึมเศร้า 🖤	March 2, 2021	51
ซึมเศร้า 🎏🖤😔	February 24, 2021	603
รับฟัง รับปรึกษา เกี่ยวกับปัญหาโรคซึมเศร้า เครียด ไบโพล่าร์พร้อมปลอบประโลม	February 12, 2021	924
ศูนย์ปลอบโยนโรคซึมเศร้า/แด่เธอผู้ยืนอยู่บนชีวิตที่เต็มไปด้วยน้ำตา	February 5, 2021	169
โรคซึมเศร้า	November 24, 2020	208
โรคซึมเศร้าเราเข้าใจ	October 15, 2020	15,104
โรคซึมเศร้าเพื่อนของฉัน	October 7, 2020	8
กลุ่มแชร์ประสบการณ์ การรักษา โรคซึมเศร้า,จิตเภท,ไบโพล่า,แพนิค กรดไหลย้อน	December 26, 2019	52
เคียงข้าง ซึมเศร้า ไบโพล่า Suicide	January 27, 2019	2,185
เพื่อนฉันชื่อโรคซึมเศร้า by Around KKU	November 25, 2018	262
แลกเปลี่ยนเรียนรู้โรคซึมเศร้า(จิตเวช)ไปด้วยกัน	April 28, 2018	16
รู้ทันโรคซึมเศร้า เราป้องกันได้	April 23, 2018	37
กลุ่มคนเป็นโรคซึมเศร้า หาเพื่อน แลกเปลี่ยนกำลังใจ	April 5, 2018	39
เราจะเดินก้าวข้ามจากโรคซึมเศร้าไปด้วยกัน	September 13, 2017	1,664

Notes: 1. Links are not provided here because most of the public groups tend to post irrelevant things to the illness such as product advertisements, patients are recommended to consult health professionals or join private groups instead since there should be approval by admins and strict rules to follow in order to avoid any harmful instances caused by the members. Some groups might contain harmful content such as suicidal thoughts and inappropriate photos; thus, patients should be careful in following those groups.

      2. During the search for public groups, there appeared no groups created before 2017.

Appendix 5

Private Facebook groups (accessed August 3-4, 2022)

N.	Group name	Group creation date	Number of members
1	โรคซึมเศร้า เราจะเติบโตไปด้วยกัน	July 19, 2022	902
2	โรคซึมเศร้า เครียด นอนไม่หลับ ปรึกษา ให้กำลังใจกัน	October 14, 2020	33,961
3	โรคซึมเศร้า	June 27, 2020	56,784
4	"ซึมเศร้า" เราพร้อมเข้าใจ เราพร้อมรับฟัง	February 17, 2020	1,041
5	โลกสีเทากับคนซึมเศร้า.	December 25, 2019	5,959
6	โรคซึมเศร้า	December 3, 2019	5,127
7	เยียวยาซึมเศร้า และโรคจิตเวช ♡	October 10, 2019	1,871
8	ถ้าคุณเป็นโรคซึมเศร้า เราคือเพื่อนกัน	May 21, 2019	45,657
9	โรคซึมเศร้า,แพนิค,จิตเภท,ไบโพล่า และ อื่นๆ (หน่วยTAC:ช่วยเหลือและบำบัด)	March 13, 2019	12,189
10	เพื่อนซึมเศร้า&ไบโพล่าร์	September 27, 2017	2,855
11	กลุ่มสาส์นจากผู้ป่วยโรคซึมเศร้า	September 15, 2017	14,618
12	โรคซึมเศร้าหายได้ Depression	October 28, 2016	12,670
13	better together กลุ่มผู้ต่อสู้เพื่อหายจากโรคจิตเวชเช่นซึมเศร้าไบโพลาร์แพนิค	October 2, 2015	6,085
14	ซึมเศร้า แพนิค ไบโพล่าร์ เราจะสู้ไปด้วยกัน (Thailand Mental Health Support)	September 22, 2012	39,907
15	ห้องลับ better together	February 4, 2011	820

Appendix 6

Online Questionnaire

แบบสอบถามข้อความสร้างพลังใจให้กับผู้ป่วยโรคซึมเศร้า

B *I* U̲ ⌐ X̶

คำชี้แจง

เอกสารข้อมูลสำหรับผู้มีส่วนร่วมในการวิจัยและหนังสือแสดงความยินยอมเข้าร่วมงานวิจัย

ขอเรียนเชิญเข้าร่วมงานวิจัย ก่อนตัดสินใจเข้าร่วมการวิจัยโปรดทำความเข้าใจเกี่ยวกับงานวิจัยนี้โดยอ่านข้อมูลต่อไปนี้อย่างรอบคอบ หากมีข้อความใดที่อ่านแล้วไม่เข้าใจหรือไม่ชัดเจน ท่านสามารถสอบถามเพิ่มเติมกับผู้วิจัยได้ตลอดเวลา

1. แบบสอบถามนี้เป็นส่วนหนึ่งของงานวิจัยเพื่อสำรวจความเห็นเกี่ยวกับข้อความที่จะสามารถสร้างพลังใจให้กับผู้ป่วยโรคซึมเศร้าได้ เนื่องจากผู้วิจัยเล็งเห็นว่ามีคนไทยจำนวนไม่น้อยที่กำลังเผชิญกับโรคซึมเศร้า และมีผู้คนทั่วไปจำนวนไม่น้อยเช่นกันที่ไม่รู้ว่าจะต้องสื่อสารให้กำลังใจกับผู้ป่วยอย่างไรเพื่อเป็นการสร้างพลังใจให้กับผู้ป่วยได้กลับมาใช้ชีวิตปกติได้ในชีวิตประจำวัน และเพื่อให้ผู้ป่วยได้มีกำลังใจว่ายังมีผู้คนรอบกายที่ยังคงเป็นห่วงความรู้สึกของพวกเขาอยู่

2. คุณสมบัติของผู้เข้าร่วมตอบแบบสอบถาม

- ผู้เข้าร่วมการวิจัยเป็นผู้ป่วยโรคซึมเศร้าหรือมีภาวะซึมเศร้า อายุ 18 ปี ขึ้นไป และ/หรือเป็นผู้เชี่ยวชาญทางจิตเวช เช่น นักจิตวิทยาการปรึกษา/ นักจิตบำบัด ที่ให้คำปรึกษาผู้ป่วยโรคซึมเศร้า

- ผู้เข้าร่วมการวิจัยต้องไม่ใช่ผู้ป่วยโรคจิตเภท (schizophrenia) หรือผู้ที่เจ็บป่วยทางจิตรุนแรง หรือกำลังประสบกับภาวะหูแว่ว ภาพหลอน

- ผู้เข้าร่วมการวิจัยสามารถสื่อสารและเข้าใจภาษาไทยทั้งด้านการอ่านและการเขียนได้เป็นอย่างดี

3. ผู้เข้าร่วมการวิจัยทำแบบสอบถาม โดยมีข้อความเพื่อให้ท่านได้แสดงความเห็นอยู่ทั้งหมด 15 ข้อ (ใช้เวลาประมาณ 5 นาที) โดยเลือกตอบพร้อมกับให้เหตุผล หรือ ข้อเสนอแนะไว้ข้างท้ายของแต่ละข้อความ

4. หลังจากผู้เข้าร่วมการวิจัยตอบแบบสอบถามเรียบร้อยแล้ว ผู้วิจัยจะเก็บข้อมูลที่ได้มาไว้ในแหล่งเก็บข้อมูลที่มีเพียงผู้วิจัยเท่านั้นที่เข้าถึงได้

Appendix 6 (Continued)

5. ผู้วิจัยจะไม่มีการสอบถามข้อมูลส่วนตัวของท่าน อาทิ ชื่อ เพศ หรือข้อมูลที่อาจเชื่อมโยงไปถึงตัวท่านได้ โดยข้อมูลที่ได้รับมาจะถูกนำไปใช้วิเคราะห์เฉพาะในงานวิจัยครั้งนี้เท่านั้น

6. แบบสอบถามนี้อาจทำให้รบกวนเวลาส่วนตัวของท่าน และอาจไม่สบายใจที่จะแสดงความเห็น อย่างไรก็ตามในการวิจัยครั้งนี้ ท่านสามารถถอนตัวจากงานวิจัยนี้ได้ทุกขณะ โดยไม่จำเป็นต้องแจ้งให้ผู้วิจัยทราบ

7. การเข้าร่วมงานวิจัยครั้งนี้ผู้เข้าร่วมการวิจัยจะได้มีส่วนร่วมในการเสริมสร้างองค์ความรู้เกี่ยวกับข้อความที่จะสามารถสร้างพลังใจให้กับผู้ป่วยโรคซึมเศร้าในสังคมไทย เพื่อเป็นการให้กำลังใจ และแสดงความเห็นอกเห็นใจต่อผู้ป่วย และอาจเป็นแนวทางในการป้องกันการสูญเสียจากโรคซึมเศร้าที่มีแนวโน้มมากขึ้นในประเทศไทย

***ผู้วิจัยขอขอบคุณทุกท่านที่สละเวลามาร่วมงานวิจัย และผู้วิจัยยินดีที่จะให้ข้อมูลเกี่ยวกับผลการวิจัยโดยรวม หากท่านมีความประสงค์สามารถแจ้งมาได้ทางผู้วิจัยโดยตรง หรือหากท่านมีข้อสงสัยเกี่ยวกับการวิจัย โปรดติดต่อได้ที่ ผู้วิจัยหลัก นางสาวรติพร พานดวงแก้ว นิสิตปริญญาเอก สาขาวิชาภาษาและการสื่อสารสากล คณะมนุษยศาสตร์ มหาวิทยาลัยศรีนครินทรวิโรฒ อีเมล์ ratiporn.pdk@g.swu.ac.th

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ข้าพเจ้าได้รับการอธิบายจากผู้วิจัย และเข้าใจข้อมูลดังกล่าวข้างต้นทุกประการแล้ว จึงยืนยันที่จะเข้าร่วมการวิจัยนี้ด้วยความสมัครใจ

ท่านยืนยันที่จะเข้าร่วมการวิจัยครั้งนี้ใช่หรือไม่

การกดปุ่ม "ยืนยัน" ของท่านถือเป็นการยืนยันและแสดงความยินยอมในการเข้าร่วมการวิจัยครั้งนี้โดยไม่ต้องลงนาม

◯ ยืนยัน

◯ ไม่ยืนยัน

โปรดเลือกข้อที่ตรงกับท่าน

◯ เป็นผู้ป่วยโรคซึมเศร้า (ได้รับการวินิจฉัยแล้ว)

◯ เป็นผู้มีภาวะซึมเศร้า (ยังไม่ได้รับการวินิจฉัย)

◯ เป็นผู้เชี่ยวชาญด้านจิตเวช เช่น นักจิตวิทยาการปรึกษา/ นักจิตบำบัด/ แพทย์/ พยาบาล

◯ เป็นสมาชิกในครอบครัวของผู้ป่วย /เพื่อน/ผู้ดูแล/ ผู้ใกล้ชิด

◯ เป็นประชาชนทั่วไป

◯ Other...

ในมุมมองของท่านหรือจากประสบการณ์ของท่าน ท่านเห็นด้วยหรือไม่ว่าข้อความดังต่อไปนี้สามารถสร้างพลังใจให้กับผู้ป่วยโรคซึมเศร้าได้ เพราะเหตุใด โปรดเลือกความเห็นของท่าน พร้อมกับให้เหตุผล หรือ ข้อเสนอแนะ (หากมี) ลงในช่อง "อื่นๆ" หรือ "other" ข้างท้ายแต่ละข้อความ ดังตัวอย่าง

Description (optional)

Appendix 6 (Continued)

Image title

🔵 ท่านเห็นด้วยกับข้อความนี้หรือไม่ *

🔵🔵🔵🔵

☐ เห็นด้วยอย่างยิ่ง

☐ เห็นด้วย

☐ ไม่แน่ใจ/ เฉยๆ

☑ ไม่เห็นด้วย

☐ ไม่เห็นด้วยอย่างยิ่ง

☑ Other: สามารถอธิบายเพิ่มเติม (ตรงนี้)

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1. ท่านเห็นด้วยกับข้อความนี้หรือไม่ *

สู้ๆ

☐ เห็นด้วยอย่างยิ่ง

☐ เห็นด้วย

☐ ไม่แน่ใจ/ เฉยๆ

☐ ไม่เห็นด้วย

☐ ไม่เห็นด้วยอย่างยิ่ง

☐ Other…

---

2. ท่านเห็นด้วยกับข้อความนี้หรือไม่ *

สู้ไปด้วยกัน

☐ เห็นด้วยอย่างยิ่ง

☐ เห็นด้วย

☐ ไม่แน่ใจ/ เฉยๆ

☐ ไม่เห็นด้วย

☐ ไม่เห็นด้วยอย่างยิ่ง

☐ Other…

Appendix 6 (Continued)

⠿

3. ท่านเห็นด้วยกับข้อความนี้หรือไม่ *

อย่ายอมแพ้

☐ เห็นด้วยอย่างยิ่ง

☐ เห็นด้วย

☐ ไม่แน่ใจ/ เฉยๆ

☐ ไม่เห็นด้วย

☐ ไม่เห็นด้วยอย่างยิ่ง

☐ Other…

⠿

4. ท่านเห็นด้วยกับข้อความนี้หรือไม่ *

อยู่ตรงนี้

☐ เห็นด้วยอย่างยิ่ง

☐ เห็นด้วย

☐ ไม่แน่ใจ/ เฉยๆ

☐ ไม่เห็นด้วย

☐ ไม่เห็นด้วยอย่างยิ่ง

☐ Other…

5. ท่านเห็นด้วยกับข้อความนี้หรือไม่ *

จับมือไปด้วยกัน

☐ เห็นด้วยอย่างยิ่ง

☐ เห็นด้วย

☐ ไม่แน่ใจ/ เฉยๆ

☐ ไม่เห็นด้วย

☐ ไม่เห็นด้วยอย่างยิ่ง

☐ Other…

Appendix 6 (Continued)

6. ท่านเห็นด้วยกับข้อความนี้หรือไม่ *

ขอให้ผ่านไปได้

- [ ] เห็นด้วยอย่างยิ่ง
- [ ] เห็นด้วย
- [ ] ไม่แน่ใจ/ เฉยๆ
- [ ] ไม่เห็นด้วย
- [ ] ไม่เห็นด้วยอย่างยิ่ง
- [ ] Other...

7. ท่านเห็นด้วยกับข้อความนี้หรือไม่ *

เวลาจะช่วยเยียวยา

- [ ] เห็นด้วยอย่างยิ่ง
- [ ] เห็นด้วย
- [ ] ไม่แน่ใจ/ เฉยๆ
- [ ] ไม่เห็นด้วย
- [ ] ไม่เห็นด้วยอย่างยิ่ง
- [ ] Other...

8. ท่านเห็นด้วยกับข้อความนี้หรือไม่ *

รักษาใจไปด้วยกัน

- [ ] เห็นด้วยอย่างยิ่ง
- [ ] เห็นด้วย
- [ ] ไม่แน่ใจ/ เฉยๆ
- [ ] ไม่เห็นด้วย
- [ ] ไม่เห็นด้วยอย่างยิ่ง
- [ ] Other...

Appendix 6 (Continued)

9. ท่านเห็นด้วยกับข้อความนี้หรือไม่ *

พักใจก่อน

- [ ] เห็นด้วยอย่างยิ่ง
- [ ] เห็นด้วย
- [ ] ไม่แน่ใจ/ เฉยๆ
- [ ] ไม่เห็นด้วย
- [ ] ไม่เห็นด้วยอย่างยิ่ง
- [ ] Other...

10. ท่านเห็นด้วยกับข้อความนี้หรือไม่ *

อย่ากดดันตัวเอง

- [ ] เห็นด้วยอย่างยิ่ง
- [ ] เห็นด้วย
- [ ] ไม่แน่ใจ/ เฉยๆ
- [ ] ไม่เห็นด้วย
- [ ] ไม่เห็นด้วยอย่างยิ่ง
- [ ] Other...

11. ท่านเห็นด้วยกับข้อความนี้หรือไม่ *

ควบคุมความเศร้าได้ไหมขึ้นอยู่กับเรา

- [ ] เห็นด้วยอย่างยิ่ง
- [ ] เห็นด้วย
- [ ] ไม่แน่ใจ/ เฉยๆ
- [ ] ไม่เห็นด้วย
- [ ] ไม่เห็นด้วยอย่างยิ่ง
- [ ] Other...

12. ท่านเห็นด้วยกับข้อความนี้หรือไม่ *

ระบายมันออกมา

- [ ] เห็นด้วยอย่างยิ่ง
- [ ] เห็นด้วย
- [ ] ไม่แน่ใจ/ เฉยๆ
- [ ] ไม่เห็นด้วย
- [ ] ไม่เห็นด้วยอย่างยิ่ง
- [ ] Other...

Appendix 6 (Continued)

13. ท่านเห็นด้วยกับข้อความนี้หรือไม่ *
ขอให้ทนช่วงดึงหนักๆไปให้ได้

- [ ] เห็นด้วยอย่างยิ่ง
- [ ] เห็นด้วย
- [ ] ไม่แน่ใจ/ เฉยๆ
- [ ] ไม่เห็นด้วย
- [ ] ไม่เห็นด้วยอย่างยิ่ง
- [ ] Other...

14. ท่านเห็นด้วยกับข้อความนี้หรือไม่ *
ฝืนดึงตัวเองขึ้นมา

- [ ] เห็นด้วยอย่างยิ่ง
- [ ] เห็นด้วย
- [ ] ไม่แน่ใจ/ เฉยๆ
- [ ] ไม่เห็นด้วย
- [ ] ไม่เห็นด้วยอย่างยิ่ง
- [ ] Other...

15. ท่านเห็นด้วยกับข้อความนี้หรือไม่ *
ค่อยลุกขึ้นมาใหม่

- [ ] เห็นด้วยอย่างยิ่ง
- [ ] เห็นด้วย
- [ ] ไม่แน่ใจ/ เฉยๆ
- [ ] ไม่เห็นด้วย
- [ ] ไม่เห็นด้วยอย่างยิ่ง
- [ ] Other...

ข้อเสนอแนะอื่นๆเกี่ยวกับข้อความ**สร้างพลังใจ**ให้กับ**ผู้ป่วยโรคซึมเศร้า** (ยินดีรับฟังค่ะ)

Long answer text

ขอขอบคุณทุกท่านที่สละเวลามา ณ ที่นี้ด้วยค่ะ
Description (optional)

VITA