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NAVIGATING MENTAL HEALTH THROUGH THE GATEWAY OF LANGUAGE, LITERATURE, AND MEMORY

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ABSTRACT
This integrative review explores how language, literature, and memory together shape the experience, representation, and treatment of mental health. Synthesizing work from psychology, literary studies, linguistics, memory research, and digital humanities, the article first outlines conceptual frameworks-narrative psychology, cognitive poetics, expressive arts therapy, and memory studies-which place narrative as key to identity, emotion, and meaning-making. It then analyses classical, modern, and cross-cultural literary depictions of mental distress, showing how archetypal, fragmented, and community-based narratives render suffering, resilience, and recovery visible. The review next considers language as both diagnostic and therapeutic medium, focusing on linguistic markers of illness, psychotherapeutic dialogue, expressive writing, bibliotherapy, and narrative medicine. Building on memory studies, it highlights how autobiographical and collective memories are constructed, disrupted, and therapeutically reworked through storytelling. Finally, the article explores digital-era developments, including online mental health communities, AI-driven narrative analysis, and interactive or gamified storytelling, alongside educational and community applications. Across these domains, the review identifies methodological and ethical challenges, the under-representation of non-Western voices, and the need for translational, cross-cultural research that links narrative theory with clinical and community practice. The article argues that attending to language, literature, and memory is essential for more humane, culturally responsive models of mental health.

KEYWORDS: mental health, language and literature, narrative and memory, bibliotherapy and expressive writing, digital storytelling

1. INTRODUCTION

The mental health crisis in the global context is constantly growing, and it is characterized by a rise in mental distress and chronic access obstacles in cultural and socioeconomic backgrounds. To overcome this difficulty, it is necessary to step out of the strictly clinical approaches to forms of understanding that include language, literature, and narrative as essential elements of psychological knowledge. The expression of literature mostly shows the way communities interpret the meaning of mental suffering and can be interpreted in terms of cultural anticipations and emotional truths. These crossroads emphasize the idea that literature mirrors how people internalize and communicate mental health (Pandey 14). Language acts as a medium of expression wherein emotional states are expressed and bargained out. Stories created by means of speech and writing, as well as by symbols, often become a means of people experiencing periods of distress or attaining coherence in the process of recovery. Individual experiences of psychosis, in particular, can be used as an example of how narrative rebuilding can become the main identity construction in the system, which is affected by cultural and ethnic variables (Lawrence et al. 4). Creative literacy programs in the community settings further show how storytelling spaces made available build resilience and social connectedness that build mental well-being as a result of collective narrative practices (du Bruyn and Marais 5).

The studies of memory introduce one more crucial dimension in the study of the psychological processes that focus on the way people remember, interpret, and reprocess past experiences. The autobiographical memory has a great influence on the development of self-concept, especially when the memories are disrupted or broken by trauma. The use of memory reconstruction in the context of emotional adjustment and future mental health results of refugees and asylum seekers has been proven through research (Khan et al. 3). These results emphasize the importance of memory not as a passive storage system but as an active narrative system, as a result of which individuals constantly re-establish their identities. New treatment models also place internal narrative processes in the center of psychological change. The idea of mental navigation explains how people walk through interior landscapes of memory, emotion and self-awareness in psychotherapy and slowly integrate the personal meaning and psychological processes (Kabrel et al. 6). This framework can be seen in relation to literary and linguistic viewpoints and implies that healing is a constant process of interaction between the expressive language and the features of a narrative, as well as the changing nature of memory.

These views explain why contemporary mental health needs an interdisciplinary study of language, literature, and memory. This review consolidates the research in these areas to determine how narrative expression, identity formation, and recovery pathways are affected by the use of storytelling and memory building in contributing to psychological

distress. The field entails theoretical debates and empirical research in the fields of psychology, literary research, linguistics, and cognitive science. The methodology is based on an integrative review paradigm, as it relies on peer-reviewed literature to map the existing knowledge and outline major conceptual and practical gaps.

2. Conceptual Foundations

2.1 Language and Mental Health

Language is one of the key tools on which emotion, thought, and identity are built, and hence is essential in the understanding of mental well-being. When applied to mental health, linguistic expression can define how people express and interpret distress, explain what is happening inside, and how they communicate their needs to their caregivers and communities. Clinical research underlines that language is important in both expressing symptoms and integrating cognitive and emotional processes underpinning them, and thus affects the diagnosis and engagement in a therapeutic relationship with a patient (Richards 460). These attitudes highlight the fact that communication is not a technical phase but a necessary element of psychological support.

Psycholinguistic processes also exemplify how the patterns of language can demonstrate mental health tendencies in terms of cognitive incline. The differences in the degree of coherence, word choice, or plot can be signs of disruption in emotional processing or cognitive integration. Speech and language therapy professionals note that communication disorders are often associated with psychological vulnerability that makes care access more complicated and predetermines the final results (Hancock et al. 54). These results emphasize the importance of verbal and non-verbal expression of emotion, both through gesture, tone, and prosody.

2.2 Literary Studies as a Psychological Lens

The literature offers a strong model of studying human suffering, resilience, and psychological changes. Literary texts make visible the inner struggles of the emotional life through narrative voice, metaphor, symbolism, and character development to enable readers to have an experience that is usually hard to capture directly. The history of the connection between literature and psychology shows that fictional stories can shed light on mental dispositions, providing a glimpse of grief, trauma, recovery, and meaning-seeking (Kasimova and Urakova 92). Such textual constructions help the reader to experience the emotional experiences of other people, empathize, and broaden their perspective on psychological diversity.

As well, it is historical records that literary traditions have often prefigured or pre-empted new ideas about mental illness. The Psychological Reflection of literature reveals that since ancient times, narrative patterns and poetic rhymes have been utilized to represent the state of alter-ego, inner struggle, and the fight to find sense. According to scholars, literature and psychology have, over the years, been influenced by each other, and literary analysis has led to psychological theorizing and vice versa (Santos et al. 770). This kind of mutual evolution proves the timeless applicability of literary studies as a prism of understanding emotional and mental experience.

2.3 Interdisciplinary Theoretical Frameworks

The theories grounded in the interdisciplinary approach to the study of mental health using language and literature include narrative psychology, cognitive poetics, expressive arts therapy, and the hermeneutic or phenomenological approaches. Narrative psychology emphasizes the role of narratives in allowing people to create identity as well as coherence, and cognitive poetics describes how the textual structure influences both emotional as well as cognitive reactions. Expressive arts therapy broadens this perspective by addressing the creative expression as a process to process emotion and achieve psychological understanding in writing, imagery, or performance. Hermeneutical and phenomenological traditions further enrich these paradigms by laying emphasis on the experience of living as well as the interpretive practices in which individuals make sense of suffering, memory, and personal meaning. These interdisciplinary models are reinforced by the recent cognitive-semiotic studies, which show how emotional work is directed by narrative and symbolic structures. This kind of work indicates that aesthetic experiences are not passive but that they entail an active sense-making that helps to enrich empathic comprehension. The Hainic claims that the practice of semiotic narrative in art and literature creates emotional consciousness because it allows a reader and a viewer to interpret multiple layers of cues, metaphors, and symbolic patterns indicative of a psychological condition (Hainic 74). All these views reflectively demonstrate how different theoretical traditions, starting with cognitive science to the humanities, play a role in a coherent approach to mental health based on narrative, symbolism, and embodied interpretation. Table 1 is a brief overview of the key conceptual frameworks between language, literature, memory, and mental health. In order to visualize the synthesis of the interdisciplinary relationship of language, literature, and memory, Figure 1 depicts the Narrative-Language-Memory Mental Health Model.

Table 1. Interdisciplinary Frameworks Linking Language, Literature, Memory, and Mental Health

Framework / Lens	Primary Focus	Key Contribution to Mental Health Understanding	Representative References*
Narrative Psychology	Life stories and self-narratives	Shows how storytelling shapes identity and emotional meaning.	Kabrel et al.; Camia et al.
Cognitive Poetics	Literary form and cognitive processing	Explains how narrative structure influences emotional and cognitive response.	Kasimova and Urakova; Pignagnoli
Expressive Arts /	Creative, embodied	Offers alternative channels for emotional	Ivers

Drama Therapy	expression	communication and regulation.	
Hermeneutics and Phenomenology	Interpretation of lived experience	Highlights meaning-making in suffering, memory, and recovery.	Santos et al.; Hainic
Cognitive-Semiotics	Symbols and aesthetic cues	Shows how signs and metaphors foster empathy and emotional insight.	Hainic
Memory Studies	Autobiographical and collective memory	Links memory with identity, trauma, and narrative reconstruction.	Camia et al.; Nelson and Fivush; Schmukalla

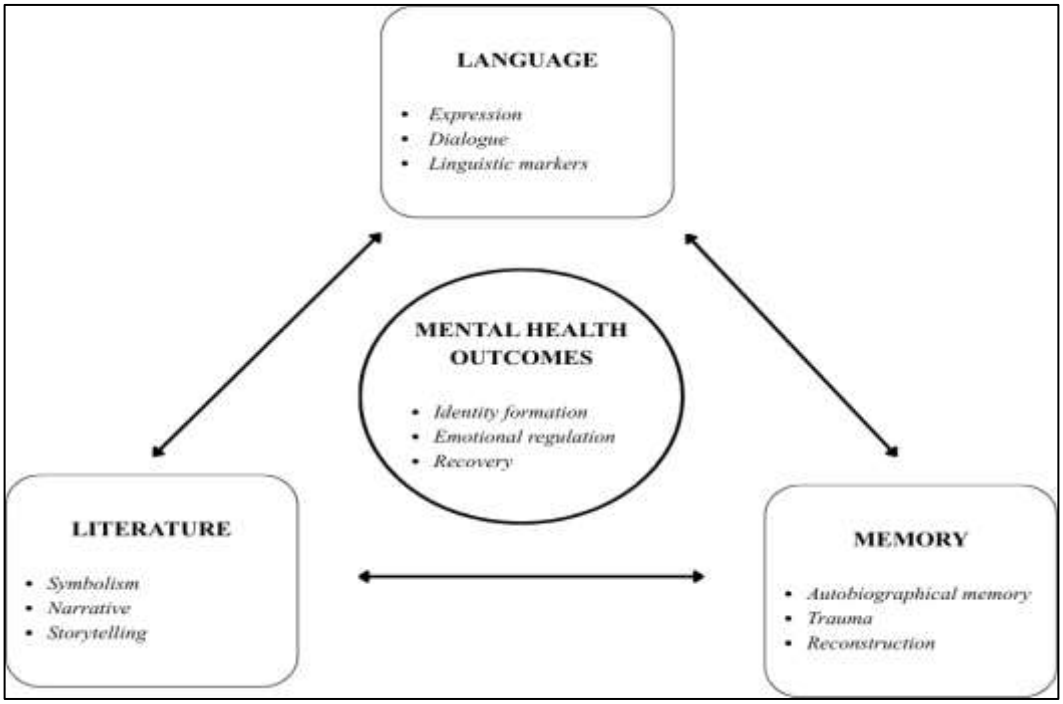

Figure 1. Narrative–Language–Memory Mental Health Model

3. Mental Health Representations in Literature

3.1 Classical Depictions

Classical literature has traditionally offered archetypal images of madness, despair, trauma, and transformation and has influenced cultural perceptions of mental disturbance. The Sophoclean and Shakespearean tragedies usually portray psychological pain as an intersection of tragedy, ethical dilemma, and internal disunity; thus, later writers like Woolf and Dostoevsky project this turmoil into the introspective modes of narration. The classical themes that continue to dominate the contemporary interpretation of psychology are still impactful, especially in the portrayal of trauma and moral injury. According to Brooke, the archetypal stories remain relevant to the modern perceptions of psychological trauma, particularly those that deal with the severe emotional disruption (Brooke 173). In the same way, the classical rings in the work of Dostoevsky are used to define how the ancient Greek and Latin cultures influenced the process of his exploration of the issues of guilt, pain, and moral conflict (Yasin et al. e55354).

3.2 Contemporary and Postmodern Narratives

The contemporary and postmodern literature extends classical representations with the depiction of mental health as being fragmented, in an identity crisis, socially anxious, and depressed. Lyrical experimentation like interrupted time, changed points of view, and metafictional techniques resemble the unsteadiness of modern psychological anguish. In post-postmodern fiction, especially, introspection and social commentary are interchangeable, and narrative hybridity is employed to put across disjointed selves in a world that is becoming more complex (Pignagnoli 185). The recent prose fiction has also indicated the role of autofiction and memoirs, and traumas in enabling emotional conflicts that are not easy to narrate through a linear format. Maghfiroh suggests that contemporary prose is the foreground to a lived experience of mental distress, which provides liberty of narrative space in which the silence, fragmentation, and recovery exist simultaneously (Maghfiroh 4).

3.3 Cross-Cultural and Indigenous Perspectives

The cross-cultural and indigenous literatures offer alternative conceptualizations of mental health that include a community, spirituality, and collective memory. These stories tend to depict distress as not a personal pathology but rather in the social and cultural context. The art of storytelling, both in oral folklore and in written folklore, is a collective means of working with grief and of building strength. According to Sofouli, cross-cultural strategies to recovery focus on interconnectedness and common sense-making that make it difficult to develop universal theories of psychological

recovery (Sofouli 34). These views depict the way in which literary cultures bargain trauma and renewal by means of community narratives as the focus of mental, emotional, and spiritual recuperation.

4. Language as a Diagnostic and Therapeutic Medium

4.1 Linguistic Markers of Mental Illness

Language provides a valuable source of knowledge about mental health since trends in vocabulary, syntax, and semantic constructions tend to indicate emotional and cognitive impairments. Psychiatric narratives and clinical histories show how people in distress can exhibit less lexical diversity, disrupted sentence form, or tone changes, which are evidence of psychological distress. This has been enhanced by computational techniques that have observed linguistic indicators that are associated with symptoms of depression, anxiety, or trauma (Spruit et al. 2179). These discoveries demonstrate that language is not only a communicative medium, but it is also a diagnostic measure hidden in day-to-day communication.

4.2 Language in Psychotherapy

Language plays a very crucial role in the psychotherapeutic practice, as it is used as a tool of reflection, emotional expression, and relational sensitivity. The role of poetic and figurative language in assisting the clients to describe the experiences that might be unreachable in literal terms is also significant. According to Stahlschmidt, the therapeutic dialogue can be transformed through the forms of poetry, which allow creating symbolic avenues that would allow understanding the emotional experience (Stahlschmidt 95). Drama-based therapeutic activities also focus on the transformative effects of expressive language; in treating young autistic children, dramatic performance and embodied dialogue assist with expressing emotions and reinforcing involvement (Ivers 53). Such methods focus on the role of linguistic forms of verbal and non-verbal communication in promoting therapeutic congruence and psychological understanding.

4.3 Expressive Writing and Narrative Medicine

Expressive writing has become recognized as a cost-effective and convenient therapy intervention. By means of its organized application, people could discover more complicated feelings, combining traumatic experiences, and creating a sense of narrative. There is systematic evidence that writing interventions are able to enhance emotional well-being, especially for those who are facing a chronic or advanced disease (Kupeli et al. 65). Narrative medicine builds on the practice by recommending reflective writing of both patients and clinicians to build empathy and enhance relational care. Narrative therapy-based creative writing groups show that narrative therapy supports resilience, spirituality, and a renewed sense of self in individuals with a life-altering diagnosis (Béres et al. 612). Combined, these practices confirm the fact that writing has expressive and restorative uses in mental health settings.

5. Literature as a Tool for Healing

5.1 Bibliotherapy

Bibliotherapy has become an influential source of emotional support, and it provides the reader with a systematic experience of literature that encourages psychological knowledge and emotional discharge. Readers can relate to characters and stories that reflect their own issues or enlighten them through the process of identification, catharsis, universality, and reflective thinking. This procedure opens the door to self-cognition and moods. According to Rottenberg, bibliotherapy serves as an integrative psychotherapeutic medium because it assists individuals to overcome conflict within themselves and create new interpretive patterns to their experiences (Rottenberg 30). Clinical and educational evidence also proves that reading-based interventions could decrease anxiety, enhance coping, and develop resilience (Sevinç 485).

5.2 Reading Fiction and Empathy

Fiction is unique in promoting empathy, emotional intelligence, and taking perspective. By being swept away by the world of narratives, readers train their ability to understand the thoughts, emotions, and intentions of other people, which is associated with social cognition and moral growth. The literature on literary empowerment programs shows that the use of fiction improves the level of empathic reactions and moral thought in the participants as they are exposed the participants to various experiences and ethical challenges (Christiansen 998). It is also revealed in integrative reviews that reading is a factor that has a role in the development of empathic capacity because it assists one to be familiar with emotional signs and internalizing relations that are illustrated in narratives (Roza and Guimarães 4). These findings are supported by neuroscientific and psychological findings that prove that narrative involvement triggers the cognitive processes related to compassion, imagination, and emotional resonance.

5.3 Trauma, Recovery, and the Power of Storytelling

Storytelling has an important role in trauma recovery as it helps survivors to rebuild disrupted identities and combine fragmented experiences. Narrative practices, including life writing, memoir, and reflective storytelling, provide individuals with an expression of multidimensional emotional experiences, give meaning and purpose to distress, and reinstitute a sense of wholeness following psychological disjunction. Gu stresses that storytelling has therapeutic purposes in that it offers an organizing space through which people have the chance to reinterpret trauma and proceed to reconciliation of their emotions (Gu 481). Case studies in literature are also used to show that survivor narratives can be used to promote healing, as individuals are more apt to recover through means of communication and making their stories communicable and meaningful. By using these forms of narratives, literature can be an effective mechanism of trauma processing, development of resilience, and the rebuilding of psychological continuity. Table 2 represents an overview of

key models of interventions and their corresponding mental outcomes to emphasize the applied meaning of the concepts of narratives and language-based approaches in therapeutic and community practice. The major steps of the Narrative-Based Therapeutic Pathways in Mental Health have been mapped in Figure 2 and indicate how the narrative processes are converted into therapeutic change.

Table 2. Narrative- and Language-Based Interventions in Mental Health

Intervention Type	Core Mechanism	Primary Setting	Key Mental Health Outcome	References*
Bibliotherapy	Identification and emotional insight	Clinics, schools, community groups	Reduced anxiety; improved coping	Rottenberg; Sevinç
Expressive Writing	Emotional disclosure and narrative repair	Palliative and chronic care	Better well-being; grief processing	Kupeli et al.; Béres
Narrative/Reflective Writing	Reflection and relational attunement	Medical and clinical education	Enhanced empathy and communication	Béres et al.; Reddy
Drama / Creative Literacy	Embodied expression and symbolic enactment	Schools, libraries, and child services	Improved communication; resilience building	Ivers; du Bruyn
Online Support Communities	Peer dialogue and cognitive reframing	Forums and social media	Reduced isolation; identity support	Lyons et al.; Gu et al.
Interactive Digital Storytelling	Choice-based emotional exploration	Games and digital fiction	Self-reflection; adaptive coping rehearsal	Mukherjee

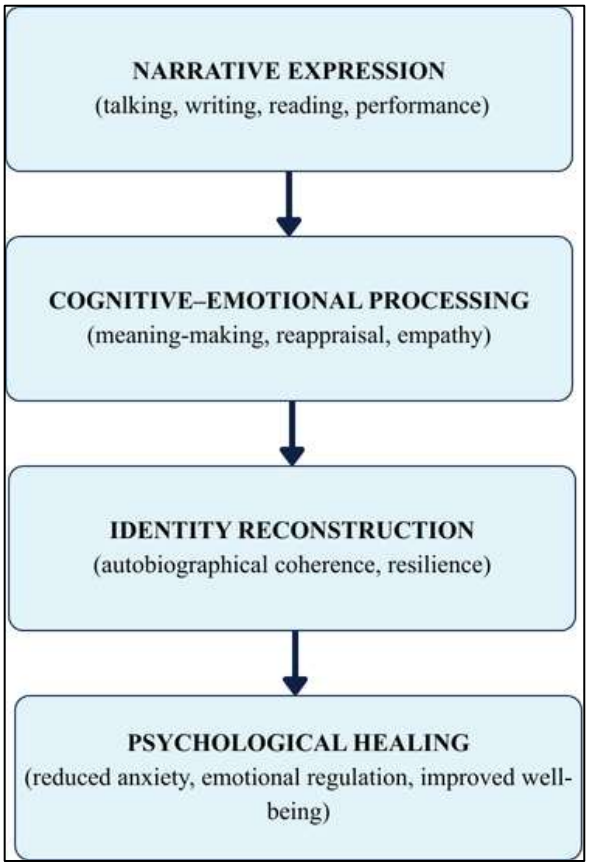

Figure 2. Narrative-Based Therapeutic Pathways in Mental Health

6. Language, Literature, and Memory Studies in Mental Health

6.1 Autobiographical Memory and Narrative Identity

The autobiographical memory is central in the formation of the narrative identity as it acts as a narrative format in which individuals form a sense of the past and form an ordered sense of self. The retrieval of the memory is affected by the individual motivation, the social conditions, and the emotional conditions, and therefore, the autobiographical recollection is an active process rather than a document. Evidence shows that memory is a property of the stable psychological nature that creates a coherent identity model that incorporates the events taking place in life (Camia, McLean, and Waters 2). The aspects of development also indicate that autobiographical memory and narrative consciousness do not remain constant throughout life and shape the way people create meaning, continuity, and emotional comprehension (Nelson and Fivush 74). Examples of how distortions in memory processes are involved in psychological distress include overgeneral recall during depression or fragmented recollection during PTSD.

6.2 Trauma, Memory, and Literary Expression

The traumatizing process frequently results in fragmented, discontinued, or silenced memories, and literature is a place to examine such disruptions. Experiences of the traumatic past do not lend themselves to a linear narrative, and thus writers have to resort to the use of broken time sequences, changing point of view, or a gap of narration to reflect the unstabilized memory of the traumatic past. The theory of literary trauma emphasizes the way such narrative strategies hold the challenge of describing the events that overpower cognitive and emotional processing (Azmi 59). Trauma in artistic and literary terms also provides a possibility to study transgenerational memory, ethical accountability, and the residual impacts of the collective trauma.

6.3 Collective Memory, Culture, and Healing

Group memory constructs group conceptions of pain, perseverance, and self. Literature is sometimes regarded as a storehouse of collective post-traumatic war, displacement, genocide, or disruption of culture. Storytelling enables the communities to encode communal experiences into narratives that both keep history alive and allow the processing of emotions and cultural survival. Such stories enable people to find their own stories in the context of the wider culture, which supports continuity and unity. The traditions of indigenous storytelling are yet another example of how collective memory sustains resilience through the means of incorporating practices of healing, moral guidance, and collective responsibility into the narrative forms so that the cultural knowledge is maintained and passed down to the generations. Schmukalla claims that the memory can be both traumatized and testified by the speech of artists, and the reverberation of trauma can be seen in the speech and generation to generation (Schmukalla 27).

6.4 Memory Studies in Therapeutic Practice

Memory is a very critical part of therapeutic practice because, in most cases, clinicians deal with clients in order to rebuild, redefine, or synthesize past experiences. Reminiscence therapy and life-story work help people to relive significant memories, build identity, regulate emotions, and feel better psychologically. Treatment planning also depends on the perceptions of the therapist about the memory of clients because a clinician is expected to evaluate the degree to which clients recollect the information about the treatment plan and how memory support techniques can be employed to enhance learning and integration (Zieve et al. 289). Memoir writing and narrative reconstruction apply these principles by allowing people to subject their experiences to coherent life narratives, and thus, promote healing and understanding.

7. Digital Era: New Frontiers in Narrative and Mental Health

7.1 Online Language and Mental Health Expression

Online spaces have turned into an imperative space of expressing mental distress as people can express individual challenges via social media posts, online diaries, and mental health forums. These online narratives usually display emotional displays by means of linguistic indicators like more self-reference, negative emotion words, and tonal changes. The findings of mental-health discussion forums indicate that these types of language patterns represent a sure cue of distress and provide an understanding of how the participants create meaning and find support within virtual spaces (Lyons et al. 209).

7.2 AI-Driven Narrative Analysis

The progress in natural language processing (NLP) has increased the opportunities for processing digital mental health narratives on a large scale. NLP models monitor the semantic coherence, sentiment shift, and the language of cognitive processes to determine patterns of emotion and to monitor the psychological change. Research in support communities online also shows that textual communication does indicate changing cognitive and emotional conditions with a focus on the potential and the complexity of algorithmic discernment in mental health settings (Gu et al. 103192).

7.3 E-Literature, Interactive Narratives, and Gamified Healing

Digital stories that are interactive and have branching or bifurcating structures provide interactive possibilities of emotional involvement and self-reflection. These forms enable users to move through various routes, experience the types of decision-making, and discover the implications of identity, uncertainty, and psychological conflict. Such critical reviews of interactive fiction point to the role of choose-your-own-adventure formats in creating a paradox of choice, which instructs the agency of the user and immerses them emotionally in a manner that can be used to therapeutic self-exploration (Mukherjee 105).

8. Educational, Social, and Clinical Applications

Literature is a critical component in education and social and clinical settings, as it increases the interpretative and empathic abilities integral to mental health practice. Literary case studies have been used in psychiatry, psychology, and nursing training programs to expose learners to complex descriptions of emotional suffering, interpersonal conflict, and recovery, by which they are able to form reflective judgment and relational sensitivity. Reading of narrative texts enhances empathy as they encourage the students to take other viewpoints and understand the cognitive and affective involvement that involves human behaviour, which is supported by research that memory, linguistic framing, and narrative interpretation are primary to social cognition (Reddy 67). In addition to formal instruction, schools and local communities use story circles, creative writing groups, and bibliotherapy programs to encourage emotional openness, resilience, and social unity. These narrative-based intervention practices have been shown to provide conducive spaces in which individuals may express personal experiences as well as establish shared understanding; nevertheless, their effectiveness

is determined by the availability of communication because language barriers can severely hinder the process, limit the emotional expression, and diminish trust in therapeutic or health-related interactions (Al Shamsi et al. e122). The interdisciplinary partnerships also broaden the role of the narrative approaches as clinicians, linguists, literary scholars, and educators combine their expertise to develop culturally responsive and psychologically knowledgeable interventions. The relationships of this type are based on the cognitive understanding of the ways people create meaning, recollect memories, and utilize language to comprehend their internal conditions, which makes the explanation of narrative patterns in reinforcing mental health support systems (Reddy 70). These integrative processes transform literature into a means of discerning mental health, as well as one of transformation to empathy, connection, and psychological health and well-being.

9. Challenges, Ethical Considerations, and Research Gaps

The interdisciplinary research on mental illness is characterized by significant methodological constraints, such as incoherent analytical models, as well as the inability to synthesize qualitative and quantitative evidence. The literary representations also have the risk of simplifying and mischaracterizing psychological disorders, which can serve to either perpetuate the stigma of mental disorders or mislead the readers concerning clinical realities. The examination of personal stories presents ethical dilemmas to be addressed, as the problem of consent, privacy, and emotional insecurity should be managed. Also, current literary corpora and linguistic collections are frequently not diverse in cultures, which restricts the capacity to generalize the results within communities and neglects the voices of the marginalized population. Translational research that would help to connect the theoretical information with the practical application is urgently needed in order to make narrative- and language-based approaches to meaningfully inform clinical, educational, and community interventions and strengthen the field.

10. Future Directions

The incorporation of new technologies and interdisciplinary science will be useful in future research in the field of narrative and mental health. Personalized bibliotherapy using AI would help to customize readings according to the personal emotional requirements and cognitive patterns, and maximize the effect of the therapeutic process. The developments in neurocognitive studies have provided the chance to connect brain-based mechanisms to narrative processing to gain a better insight into the role stories play in shaping emotion, memory, and identity. The digital therapeutic storytelling platform, including interactive storytelling and interactive virtual environment, is set to proliferate and offer easily available tools to aid in reflection, resilience, and affect regulation. Better still, on a larger scale, the mental health repositories of global narrative might hold a set of culturally diverse narratives of suffering and recovery, which can serve cross-cultural studies and foster more inclusive conceptualizations of psychological well-being. Collectively, these instructions outline a future where technology, neuroscience, and the humanities will collaborate in order to revolutionize mental health services.

11. CONCLUSION

The combination of language, literature, and memory makes a strong triad of knowledge and insights to monitor and help mental health, providing views that are not limited to a conventional clinical paradigm. The expression of emotional complexity through language is a process through which people can make areas of emotionality that might otherwise be inaccessible, and literature offers symbolic and narrative frames in which psychological struggle, endurance, and change may be examined in more detail and depth than otherwise. Memory research also explains the process by which people derive meaning from experience, form identity, and negotiate trauma using narrative means. All of these disciplines together serve to emphasize that mental health is not only a medical or psychological issue but also a highly cultural, communicative, and narrative one. The review shows that interdisciplinary interactions - between linguistics, cognitive science, literary studies, and therapeutic practice - have the power to produce more human-oriented, richer models of mental health. As digital technologies are transforming the way we tell stories and generate new forms of expressing emotions, the necessity of an inclusive, ethically conscious, and culturally diverse research is becoming even more pressing. Finally, the use of narrative and language as a part of mental health can promote more caring education, more concerned clinical treatment, and more resilient societies across the globe.

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