

# DISTORTION AND RECOVERY IN MENTAL HEALTH TALK: A DISCOURSE ANALYSIS OF NIGERIAN ONLINE PODCAST

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## ABSTRACT

This study analyses the linguistic expression of cognitive distortions and cognitive restructuring in Nigerian online mental health talk. The study hinges on the principles of Cognitive Behavioural Therapy theory (CBT) and is analysed through discourse analysis. The research is influenced by the rising prevalence of depression and anxiety in Nigeria, where stigma many a times silence open discussions about mental health issues. Thus digital medium like podcasts have now emerged as alternatives spots where individuals talk about mental health struggles. Studied have shown that while CBT has traditionally been applied in clinical contexts to address issues around depression and anxiety, little research have examined how the principles of CBT is used in everyday language. To address this gap, this research examine a Nigerian online podcast narrative about depression and anxiety. It adopts a qualitative research design that employs thematic coding to identify instances of cognitive distortions and restructuring. The analysis identifies major cognitive distortions such as catastrophising, personalisation, overgeneralisation, and blaming. These cognitions are marked through absolutist language use and evaluative expressions. In addition, the analysis further points out processes of cognitive restructuring, in which the narrator reexamine their experiences, challenge negative self-beliefs, and adopt more balanced perspectives in their journey towards recovery. The findings of the study reveal how discourse not only reflects human psychological states but also contributes to how these emotive states are controlled Further, it agrees that podcasts may function as an informal therapeutic space where people are able to externalise mental health distress, negotiate meaning, and engage in self-reflection through story telling. On this account, through clinical psychology and discourse studies, the research promotes understanding of mental health discourse in Nigerian digital spaces and promotes the ever changing role of language in today's world.

**Keywords:** Cognitive distortion, Cognitive restructuring, depression and anxiety, Discourse analysis, Podcast.

## Introduction

The discourse bordering mental health has significantly evolved recently. Interest in mental health conditions have shifted beyond the confines of traditional clinical environment to a more accessible digital platform, like podcast. This space provide individuals who have survived mental health conditions the avenue to share their lived experiences of psychological distress, making their narratives more relatable and widespread (Lee et al. 32). These personal experiences have provided a fertile ground for discourse analysts to identify and analyse psychological processes such as cognitive distortions and cognitive restructuring. Therefore, analysing how these cognitions are conveyed through language becomes important. This is because, Beck notes that, it allows for a broader understanding of how individuals articulate their emotional pain (8). Consequently, investigating the language used in these narratives, this research seeks to understand the unique ways people experience and express their mental health struggles.

Through discourse analysis, the study closely examine the knotty ways in which “language operates to express psychological experiences’ (Ezeifeke 8). This approach not only clarifies the linguistic choices employed in these narrations but also provides a scholarly comprehension into the wider psychological themes at play within the narratives. In this way, Hodge, et al also agree that Discourse Analysis is an effective approach to a wide range of questions in mental health discourse (69). Accordingly, it is safe to say discourse analysis provides the methodological toolkit to examine how cognitive patterns are linguistically constructed in spontaneous speech. On the other hand, Cognitive Behavioural Therapy theory hence CBT as a framework emphasises the identification of cognitive distortions and the use of cognitive restructuring as key strategies for psychological recovery in affected individuals. The importance of this approach is stressed by the World Health Organisation’s, definition of mental health as a state of well-being in which individuals realise their abilities, manage everyday stresses, work productively, and contribute meaningfully to their communities (6).

The American Psychiatric Association states that depression and anxiety are among the most prevalent mental health disorders globally, which affects cognition, emotion, and communication. In Nigeria, however, depression and anxiety are frequently underreported or misunderstood due to stigma, religious beliefs, and limited mental health resources (Banjo 4). However, digital platforms such as podcast have emerged as significant “informal spaces for self-expression and emotional reflection” (Bharat 21) to address these conditions. They provide accessible and familiar avenues where individuals can narrate their experiences with mental health challenges (Owolabi et al. 21) employing emotionally charged language. Thus, this study takes a discourse analytic approach to explore how a Nigerian podcast narrator express and navigate cognitive distortion and restructuring through language.

This research arise from the rapid increase of depression anxiety in Nigeria. Most disturbing is the fact that these conditions remain underreported. Despite these challenges, survivors now turn to a more accessible digital platform where they conveniently tell their stories of mental health struggles without being stigmatised. Accordingly, these expressions present abundant lifelike data for discourse analysts. This is because, they reveal how language is used to encode mental distortions and restructuring. To comprehend these cognitive processes CBT provides a well-established framework for understanding maladaptive thought patterns during clinical interventions. However, the application of CBT’s principles to the analysis of everyday language use especially in non-clinical contexts remains limited (Banjo 2), particularly within Nigeria's digital narratives; a gap that this research fills. Although expressive writing and narrative therapy have demonstrated benefits in Western contexts (Jones and Smith, 129), little is known

about how similar processes operate in Nigerian online podcasts. This study, therefore, aims to investigate how a Nigerian podcast narrator linguistically express and manage cognitive distortions and cognitive restructuring as defined by CBT. Hence, the research bridges clinical theory and natural discourse, expatiating on how emotional distress and recovery are communicated within a non-clinical environment.

## Literature Review

The goal behind comprehending the issues around mental health requires not only psychological perception but also attention to how cognition is expressed through language.

### Depression and Anxiety in Discourse

The World Health Organisation has filed that depression and anxiety are two of the most widespread and psychologically impairing mental health conditions that is marked by prolonged emotional, cognitive, and behavioural disturbances (6). In a general sense, depression is commonly characterised by consistent feelings of worthlessness and the loss of interest in activities that previously brought joy to a person. Conversely, anxiety is a common emotive state heightened with expectant fear about everyday situations. On a global rating, studies have it that more than “280 million are living with depressive disorder while over 300 million individuals contend with anxiety disorders” (World Health Organisation 4). Experts have argued that these conditions are one of the leading contributors to disability and suicide worldwide (National Alliance on Mental Illness 113).

The significant impact of these conditions prompted the need amongst researchers for continued investigation and effective interventions to support affected individuals. For instance, Alpium and Ehrenberg note that these emotive states extend beyond internal suffering; they as well influence individuals' perceptions of reality with the world particularly through the language they use to communicate their inner experiences (161). Thinking along the same line, Jidong, et al., agree that in Nigeria, depression and anxiety are further complicated by socio-cultural and structural factors such as stigma, metaphysical meanings and inadequate access to orthodox psychological care. Although national data has estimate a 3.1% lifetime prevalence for major depressive episodes and 5.7% for anxiety disorders, these figures is said to underrepresent the true scope of the problem due to certain indigenous norms that discourage open conversation (Ibigbami et al.).

It is significant to note that, these conditions are not merely clinical. They are discursive phenomena shaped by language and culture in the Nigerian context. Importantly, these conditions frequently manifest through cognitive patterns that are negatively skewed through thought patterns such as catastrophising, overgeneralisation, amongst others (Burns 76). The comprehension of these patterns through discourse presents an extensive understanding of the lived realities of mental distortions and the pathways to psychological recovery. Reason being that, mental distress is frequently articulated through culturally embedded expressions such as “I’m not finding it easy” that signal psychological suffering but often elude clinical recognition.

### Language and Mental Health Conditions

Scholarly studies have argued that language not only allow users label and describe emotions but also influences how it is comprehended. For instance, in the words of Naeem, et al. language is “a deeply complex phenomenon that has intrigued linguists...” (932). In this wise, technological revolutions have emerged where researchers link daily language use to a broad array of real-world behaviours (Tausczik and Pennebaker 25). This makes language serve as a critical medium for expressing emotional states. By way of illustration, Psycholinguistic research on

emotive states demonstrates that linguistic choices including lexical selections, narrative expressions may reveal underlying psychological processes (Ogunjimi and Musa 83). These linguistic choices can function descriptively and constructively to enable individuals to process and interpret emotional experiences.

The implication of their research shows that evaluative aspect of mental health discourse foregrounds the significant role that language plays in shaping the psychological experiences of humans. As an example, Ogunjimi and Musa further confirm that depressive individuals often use appraisal resources to navigate societal expectations regarding wellness, especially during times of emotional distress and recovery (83). This perspective is reiterated in other studies, which suggest that people dealing with depression and anxiety frequently use first-person pronouns like “I”. This pattern may indicate an increased focus on themselves and a tendency to view themselves negatively (Anake et al.). Although such studies on anxiety are less extensive but similar patterns are obtained.

Digital medium like online podcasts have emerged as key platforms for mental health discourse, especially areas with limited professional support systems. These platforms have proved to facilitate meaning-making and emotional management through language use. However, research in these spaces often prioritises quantitative sentiment analysis (Saulsman 17) over qualitative examination of patterns that are essential for understanding how individuals foresee and navigate their mental health conditions. Of concern, is the Western-centric frameworks dominated literature that neglects non-Western linguistic expressions of these conditions (Abraham et al 109). Be that as it may, integrating non-Western expressions is needed for developing contextually grounded models of mental health assessment, and linguistic frameworks for indigenous purposes.

### **Cognitive Distortions in Mental Health Discourse**

Cognitive distortions have been described as faulty thought patterns that often sustain emotional dysfunctional behaviour in individuals suffering from depression and anxiety (Pollock). Common distortive patterns include catastrophising, blaming, overgeneralisations among others. These patterns mirror how depressed individuals perceive and interpret events through negative filters that reinforce harmful emotional states. While traditionally examined in clinical settings, these thought patterns also surface clearly in naturalistic language use where internal struggles are verbalised (Silva 9).

Recent investigation have started to explore the ways in which language reveal cognitive distortions, particularly in online discussions. This emerging field aims to understand how thought patterns in humans can be detected through language use in digital conversations. Take for example, Lorenzo-Luaces, and Scheffer examine how language patterns reflect cognitive distortions within a period of time (3). The study reveals that since the 1980s, there has been a significant increase in the use of distortion-related language in over 14 million books. Their findings advance the idea that language mirrors psychological distress in humans which supports discourse-based approaches to the study of mental health. In extension, (Wang et al.) in their study used computational text analysis to identify cognitive distortion markers in online posts written by people who are depressed. Their findings suggest that even without clinical interviews, linguistic indicators can signal maladaptive thought patterns.

Despite these discoveries, most of the current literature focuses only on quantitative language analysis in text-based platforms such as blogs or Reddit threads (see Robertson et al). Evidently, every day expressions surrounding mental health conditions have proven to present detailed accounts in which cognitive distortions are narrated and occasionally confronted through

cognitive restructuring. Specifically, a phrase like "It is well, I will be okay" in the Nigerian context potentially encapsulate significant psychological distress. However, it may not always correspond to conventional Western clinical terminology. These indigenous specific expressions have not been extensively explored in discourse studies, particularly in the realm of informal digital platforms (Ogunwale et al.).

### **Cognitive Behavioural Therapy (CBT) in Discourse**

Cognitive Behavioural Therapy (CBT) is a psychological and therapeutic approach that focus on the relationship between human thought and feelings. The theory demonstrates its effectiveness in addressing issues such as depression, anxiety, and other mental health disorders. Fenn and Byrne affirm that one of the core principles of CBT is its collaborative process to help patients. These principles aid patients to effectively define and or identify mental health issues and gain skills in managing identified disorders (580). Reinforcing this argument, Pietrangelo stresses that on the principle that dysfunctional emotions stem from deformed thinking and maladaptive behaviours, which can be identified and altered through therapeutic dialogue.

The application of CBT principles to discourse studies represents a shift from traditional clinical analyses to a more context based approach of everyday language use. The reason is, studies have shown that the majority of language research on mental health have concentrated on surface-level characteristics like sentiment analysis or metaphor use (Malkomsen et al. 433). In contrast, CBT's systematic approach allows for a meticulous examination of cognitive patterns key to spoken narratives. This approach conveys how people rephrase and spontaneously communicate their feelings. (Kaidbay 70). For instant, absolutist phrases like "never," "ever" "completely," and "emotional reasoning" like "I feel hopeless" are examples of linguistic distortions that are easily recognised in these narrations. Further more, positive agentive reframing like "I am learning to manage" signals positive cognitive adaptation (Al-Mosaiwi and Johnstone 539). From the foregoing, it is a safe assumption that cultural awareness and knowledge is necessary when applying cognitive behavioral therapy (CBT) in indigenous settings like Nigeria. This is necessary to avoid misrepresentation of meaning. Although the theory's adaptability align with non- western expressions when reflexively applied in research.

### **Theoretical Framework**

This study hinges on CBT which derived the concept of cognitive distortion and cognitive restructuring from Aaron Beck's (1977) study on his depressed patients. CBT amongst other things agrees that psychological distress emerges from maladaptive thought patterns known as cognitive distortions. This distortion has the ability to over power emotions and behaviours in individuals with depression and anxiety. These patterns do not merely reflect emotional disturbance; they actively shape how individuals interpret events, view themselves, and relate to the world. In this study, CBT serves not as a clinical psychological model but as a discourse-analytic frame. It enables the study identify how these distortions are linguistically realised in natural speech. The study applies CBT's cognitive distortion and restructuring principles to investigate how a Nigerian podcast narrator express their psychological struggles and attempt of self-recovery through language. The theory helps the research understand how language is used not only to reflect distortion but to correct distortive experiences.

### **Methodology**

This study adopted a qualitative discourse analytic approach, underpinned by the theoretical framework of CBT. The purpose is to examine how cognitive distortions and

restructuring processes are linguistically expressed in a Nigerian online podcast narrative. It focused on a single podcast episode (episode 22 titled “voices that heal: story of mental recovery of mental health in Nigeria”, a mental health-themed series available on Spotify (a digital audio/video streaming and media service that gives access to songs and other contents) hosted by Feyi Ogunbanwo. The research engaged in a detailed case study of how a Nigerian speaker narrated experiences of high-functioning depression and anxiety. This episode was purposefully selected based on its relevance to the research focus; the speaker’s Nigerian identity, and the reflective, first-person narrative structure. The podcast narrative was manually transcribed using CBT’s principles as the primary analytical tool; instances of cognitive distortions such as “catastrophising”, “overgeneralisation”, “personalisation”, and “blaming” were identified and linguistically examined. The data organisation and coding were managed manually, ensuring transparency and traceability. Although the podcast is publicly accessible, some ethical precautions were taken by making anonymous the speaker’s identity and maintaining consciousness in the treatment of mental health disclosures.

### **Data Presentation Analysis**

The aim of this section is to identify how the narrator linguistically expresses cognitive distortions commonly associated with depression and anxiety. It also examine instances where cognitive restructuring occurs within the narration. Focusing on both what is said and how it is said, this analysis explains the psychological depth embedded in everyday storytelling using CBT’ principles as interpretative framework.

### **Linguistic Realisations of Cognitive Distortions in Narrative Discourse Overgeneralisation**

Overgeneralisation involves drawing broad, sweeping conclusions from a single negative event or a limited number of occurrences (Silva 6).

#### **Discourse Patterns**

This distortive pattern is linguistically visible through expressions like “ When I Failed in my relationships I always think I was the one with the problem” (Ogunbanwo 2024). The expression explicitly assumes repeated relational failures into a fixed internalised weakness. The narrator also used the expression to conclude that the relational failure is an inevitable outcome that is due to personal inadequacy. “When I lost my parents to separation and when the both neglected my small brother and I, I just believe I was not loved” (Ogunbanwo par. 2), exposes the early trauma of the parents' separation which internalised as lasting self-judgment of worthlessness. The expression further illustrates how an event becomes a global belief of worthlessness. This situation is typical in the Nigerian context where emotional distress is often understood through communal or metaphorical expressions. Overgeneralisation therefore stiffens emotional pain that should have been momentary into fixed beliefs that may resist change. As (Friedman) notes, such pattern is a reflection of deep cognitive schemas linked to more stubborn depression.

#### **Catastrophising**

Bollen et al. define catastrophising as a major feature of depression and anxiety. According to them, it disrupts emotional regulation and fosters helplessness, potentially leading to severe psychological decline.

### **Discourse Patterns**

When the narrator stated, “I resolved I was of no use, so I planned to commit suicide” (Ogunbanwo par. 4); it simply exemplifies catastrophising. The narrator uses catastrophic expressions to channel emotional turmoil into a discouraged judgment of self-worth. This action embodies Beck’s (69) notion of “disaster thinking,” an emotive state where temporary pain feels permanent and assured. Moreover, the speaker’s thought shifting from distress to being suicidal exposes how catastrophising distort human reasoning and falsely intensifies cycles of depression. Catastrophising further, the narrator stated “it reached a point when I felt He [God] was not just answering me. How could life be so unfair? No parents, no one you can trust to talk to and now no God” (Ogunbanwo, par. 4, 2). This accumulation of perceived losses (familial, social, and spiritual) sparks the narrator into untold fear. The narrator’s use of phrases such as “no one...”, “no parents...”, “no God” denotes a rhetoric of abandonment and depicts their reality as irredeemable. As Friedman notes, absolute thinking intensifies depressive state by collapsing complex experiences into rigid dichotomies. This in turn render pain as permanent. Likewise, simply declaration like “Everything was overwhelming” (Ogunbanwo par.3) is an instance of distortion. This is because absolutist term like “everything” may unify different emotional stressors into one unmanageable burden. In addition the utterance “I felt He wasn’t answering me” (Ogunbanwo, par.4) carries particular weight in the Nigerian context, where spiritual belief is central to emotional resilience. The perceived silence of “God” constitutes more than religious uncertainty, it signals a cognitive rupture. As (Ogunwale et al.) argue, some Nigerian English expressions often encode deep psychological pain through religious language.

### **Personalisation**

This distortive state intensifies feelings of guilt, shame, and inadequacy that are salient emotional states associated with depression and anxiety (Silva 9).

### **Discourse Patterns**

One striking example from the narration is “When I lost my parents to separation and they neglected my small brother and I made me believe I was not loved”. This exemplifies personalisation by linking familial breakdown directly to personal worth. The narrator exhibits what (Chand et al.) term “false responsibility thinking,” where negative events are attributed to possible personal inadequacy. Similarly, the utterance “Whenever my relationships fail I use to think I was the one with a problem... I feel no one will ever understand me” (par. 4) illustrates personalisation foster by alienation and social disconnection. This distortive state, Al-Mosaiwi and Johnstone identify as typical in affective, monologic narrations (538). In addition, the frequent use of first-person singular pronouns “I”, “me”, “my” alongside negatively charged terms like “problem” and “not loved” exhibits what Rnic et al. describe as linguistic markers of depressive ideation (353). Though based on transcribed speech, Sibierska suggests that features of oral delivery such as pauses and tonal shifts also amplify depressive ideation, reinforcing the emotional weight of self-blame (51).

### **Blaming**

Blaming as argued by Pollock is simply when individuals attribute the cause of their distress either entirely to an external force or inwardly to themselves. It happens often without balanced reasoning or sufficient evidence.

### **Discourse Patterns**

In narration, blaming is linguistically marked by evaluative verbs using emotionally charged pronouns like “I” and causal constructions that assign agency externally or excessively inward. For instance, “I used to cry a lot and sometimes blame God for everything”, (par. 3). This instance, is a case of global attribution that reduces complex emotional suffering to a singular supernatural setback by intensifying helplessness (Marchetti et al 300). Such absolutist framing, according to CBT, sustains maladaptive schemas and disrupts emotional regulation. However, Beck, (61) opines that, blaming can serve as a precursor to restructuring, as when the speaker transitions from externalisation to self-agency. Take for example, at some point the narrator declared “I started by accepting that I was messed up... if I put some effort, I would be the person I always dream of becoming” (par. 7). Thus, from a CBT-informed discourse view, blaming reveals how language structures both depressive cognition and igniting potential process for recovery.

### **Linguistic Realisations of Cognitive Restructure Patterns in Narrative Discourse**

This section examines the narrator’s instances of cognitive change and emotional growth. It analyses how the narrator reframe experiences, challenge negative thoughts, and shift perspectives. This section thus, exposes how language becomes a powerful tool for reflecting inner transformation and the restructuring human thought.

### **Identification of Distortion**

One of the key strengths of cognitive restructuring is the ability to recognise distorted thoughts. It is referred to as ‘identification’ because, it is a shift from ‘passive suffering to active self-awareness’ that enables healthy thinking (Garey).

### **Discourse Patterns**

Following distortive expressions like “I thought I am the one with a problem” (personalisation) and “I used to cry a lot and sometimes blame God for everything” (blaming), the narrator swiftly switch to positive expressions like “I started by accepting that I was messed up”. This is recognised in CBT as a moment of metacognition that signals self-awareness. The progressive verb “accepting” mirror internal ownership and a departure from negative thoughts. An additional identification pattern is seen in the expression “I believed that if I put in more effort, I would be the person I always dream that I will become” (par. 6). This type of distorted belief is recognised as subjective and open to constructive change. The shift from fatalistic language use like “no one”, “nothing”, “I was broken” to constructive conditional phrase like “if I put some in more effort...” reflects the narrator’s transition toward agency, making recovery seem both possible and self-driven.

### **Challenging Negative Beliefs**

In the words of Schubert and Loshe (3) identifying distorted thoughts must be followed by consciously challenging them. It is a significant step that involves testing the survivor’s logic, accuracy, and emotional impact. This phase interrupts the negative thought-emotion-behavior cycle and opens the path for adopting healthier, more balanced interpretations.

### **Discourse Patterns**

In the narration, when the speaker used the expression “I thought I am of no use so I planned to commit suicide”, it in fact depicts the shift towards cognitive confrontation. Hence, the phrase “I thought” (par. 5) signals a move from recognised fact to subjective belief. Similarly, “...He would check on me regularly and I was glad someone understand me” (par. 5) is an

expression that directly disputes earlier absolute utterance such as “no one ever understand me”. It clearly exemplifies a move from overgeneralisation to a more grounded appraisal language.(Tsolakis 20). This action is further strengthened by the linguistic transition from rigid expressions: “everything was overwhelming, God was not answering me” to hopeful expressions, such as “I believed that if I put some in effort...”. The use of the conditional word “if” in the expression reflects a new cognitive flexibility that challenge initial distortions like catastrophising and personalisation.

### **Critical Evaluation**

Critical evaluation involves consciously questioning and reevaluating entrenched beliefs that ignite emotional distress during depressive episodes.

### **Discourse Patterns**

The speaker while recounting moments of critical evaluation reflects on the resurgence of psychological distress after graduation (the intensity to which evaluation is expressed through language). For instance, the expression “I hoped I would slowly fade away... So, I started thinking of taking pills...” (par. 5) reveals a clear state of igniting suicidal thought that is evident while enduring cognitive patterns rooted in hopelessness. However, a positive emotional shift becomes evident in “but then something just shifted. My close friend noticed I was not that okay... and that conversation... it helped” (par. 7). This utterance replaces the thought of perceived loneliness with that of interpersonal recognition. Linguistically, the shift from global absolutes like “everything”, “I blamed God” to time-bound language use such as “something shifted, that conversation...” is a signal that at this point the narrator is grounded in clarity through relational connection. Evaluating further, the narrator submits; “I accepted that I was struggling... but I also started to believe that I didn’t have to be stuck in one place” (par. 9) reveals the evaluation between their emotional state. In expression “I remembered the dreams I had as a small girl. I believed... I can become her again” is an instance of the rise of counter-schemas that question earlier distorted self-conceptions. This change, reflects cognitive restructuring mechanism that is responsible for re-evaluating dominant assumptions and loosening emotional grip.

### **Self-Realisation**

Lorenzo-Lucas and German submit that self-realisation is that point at which an individual not only recognises but internalises their self-worth, agency, and capacity for change beyond cognitive distortions (3). This process is made possible by reclaiming a logical self-narrative that acknowledges past pain without being limited by it.

### **Discourse Patterns**

When the narrator expressed: “I started to trust myself and have hope again. Even started to take small steps even when I was afraid” (par. 9), captures a crucial time of self-realisation. Again, the repetitive use of verbs like “trust” and “hope” signals a shift from resignation to being more resilience. These verbs embody motivation and cognitive reorientation. The inclusive expression “It’s okay to fall. You just don’t stay down” summarises this psychological paradigm turn that corroborates helplessness while it affirms renewed hope for growth. Additionally, the speaker’s voice shifts from monologic despair to a conversational affirmation of both self and audience in the expression “You are loved. And tomorrow may just be the day everything will change” (par. 12). Functionally, the expression serve as both self-validation and collective reassurance for both the speaker and listener. This as argued by Fenn and Byrne is termed ‘mindful decentering’, where human thoughts are seen as transient and self-concept becomes more adaptive (583).

## Reframing

Reframing also known as reinterpretation is the ability to reverse distortive experiences in order to reduce emotional impact and restore personal agency. Rather than refusing to acknowledge pain, this principle enable individuals to change stance within language usage (Burns 78).

## Discourse Patterns

A clear example of reframing is provided when the narrator states: “That is when I made a choice: to breathe. To stop pretending. To start again”. This experience marks the start of cognitive shift from passivity to having a sense of control. The phrase “to breathe” replaces the ability to survive not as giving up but as conscious courage to win. The use of these short declarative clauses also signals a renewed sense of psychological clarity and balance. This change, in CBT terms show that the speaker has commenced restructuring their belief system. This action makes pain feel more survivable and the future conceivable.

Further reframing expression appears when the speaker notes: “I accepted that I was struggling... but I also started to believe that I did not have to be stuck in one place”. Although the statement concurrently validates suffering it introduces a forward-looking cognition. Take for instance, the phrase “I did not to be stuck in one place” linguistically discards earlier distortions such as catastrophising. Additionally, the conjunction “but” acts as the central point of this shift from negative cognition to active openness. CBT principles interprets such utterances as evidence of internalised adaptive thinking, capable of resistance and restructuring (Beck 209). Additionally, the act of reframing openly is contextually significant because stoicism is often silenced in Nigeria. Hence, the act of voicing out vulnerability makes the survivor disrupts cultural taboos surrounding mental health.

## Discussion of Analysis

The study revealed major patterns of cognitive distortions to include overgeneralisation, catastrophising, personalisation, and blaming. These patterns were expressed through absolutist expressions like “always”, “never”, use of self-referential statements “I was the problem”, and strong intense emotive phrasing “everything was overwhelming”. According to Al-Mosaiwi and Johnstone, the linguistic use of these patterns in any narration align with CBT’s model of maladaptive cognition that sustain emotional distress (538). This assertion is also consistent with preceding findings in the current study especially, in the use of excessive first-person pronouns and negative self-appraisal. The study however, further reveals how these distortions are culturally deviated through Nigerian English idioms and spiritual references like “God was not answering me” stressing the importance of context-sensitive CBT interventions (Ugwualor et al.).

Notably, the analysis identified some linguistic moments of cognitive restructuring in the narration. That is, instances of where the narrator moved from distortion to self-awareness and emotional reorientation. Statements like “I started accepting that I was messed up” and “If I put some effort, I could change” for example, depict conscious metacognitive awareness, a cornerstone of therapeutic restructuring (Beck 202). Also, changes in the use of modal verbs “could”, “would” and agency-laden verbs “trust”, “hope” signified the movement towards possibility and growth. These transitions according to Sibierska (50) agree with the discussion on narrative therapy, which views storytelling as a tool for regulating emotional regulation and identity reconstruction. The podcast as the medium itself combines spoken reflection with implied audience engagement, has proven to function as a therapeutic space. This new approach to therapy

according to Fenn and Byrne, facilitates CBT's collaborative approach especially in non-clinical contexts (60).

In summary, the narrator's trajectory from isolation and self-blame "I was not loved" to a more positive affirmation "You are not alone" depicts how personal healing can resist stigma and encourage collective resilience. de Abreu Costa and Moreira-Almeida suggest that these collective resilience support research on non-Western mental health recovery, where healing process often involves reentry into social and spiritual networks (455). However, depending on a single podcast episode presents a limitation for the study. Broader patterns could be more fully captured through comparative analysis across multiple narratives or by incorporating listener feedback.

## **Conclusion**

Informed by CBT principles, the study shines light on the linguistic modelling of cognitive distortions and recovery in Nigerian mental health narratives. The narrator's ability to displace maladaptive thought patterns to restructured beliefs attests to the therapeutic potential of expressive self-examination in non-clinical contexts. The combination of CBT's clinical perspectives with everyday language use in the research attests the role of discourse as both a reflection of psychological distress and a medium for healing. The study therefore clamor for a more responsive mental health intervention in Nigeria, where digital platforms like podcasts have shown to extend accessible avenues for expression and stigma reduction. On the whole, this study contributes to the multilayered research that establishes that the process of mental health recovery is not only psychological but can also be discursive and possibly cultural in nature. This is shaped by the language through which individuals make sense of their mental distortions and recovery.

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