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Mental Health Issues Recovery Narratives in the Philippines: A Discourse Analysis

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Abstract

The discourse surrounding recovery narratives of Filipinos with lived experience of mental health challenges influences public understandings of mental health and individuals' healing journeys. This study analyzed 30 recovery narratives from Philippine media outlets using Levinson's (1983) entailment framework and Halliday and Matthiessen's (2004) transitivity analysis. Key entailments identified include self-awareness, medical treatment, healthy and supportive environment, self-help strategies, optimism, faith, and a sense of belonging. Transitivity analysis reveals that recovery is constructed through material, mental, verbal, and relational processes, portraying it as a multifaceted journey characterized by intentional actions, reflective understanding, emotional expression, and social support. These findings suggest that mental health recovery is not only a clinical outcome but also a socially, emotionally, and culturally embedded process that requires personal agency and meaningful engagement. The study provides evidence-based insights to inform curriculum design and policy development, aiming to promote mental health awareness, empathy, resilience, and culturally relevant approaches that support well-being.

Keywords: mental health, recovery narratives, discourse analysis, Philippines

1. Introduction

One of the major challenges in mental health in the Philippines is the strong stigma faced by individuals with mental health conditions. Many are seen as unstable, weak, or dangerous, which can lead to discrimination, social exclusion, and shame (Ahad et al., 2023; Gärtner et al., 2022; Gunasekaran et al., 2022; Jahn et al., 2020; Tan et al., 2020). This stigma often causes people to lose self-confidence, avoid seeking professional help, and experience longer recovery times (Omondi, 2024; Drapalski et al., 2023; Evans et al., 2023; Prizeman et al., 2023; Doumit et al., 2019). Everyday language, with words like "crazy" or "weak," worsens the shame and makes internalized stigma difficult to overcome (Chukwuma et al., 2024; Nelson, 2023). Stigma is thus a serious issue affecting many lives.

Research shows that this stigma is widespread. Volkow et al. (2021) explain that expressions used in clinical, academic, and media contexts influence whether people seek help and the care they receive. Williams et al. (2022) found that labeling people with mental illness makes others see them as very different, which increases the exclusion and prejudice they experience. Furthermore, studies show that the media presents mental illness as weakness or failure, which makes people afraid or avoid those with mental health conditions (Ghiasi et al., 2023; Hermann et al., 2022). These findings, without a doubt, only confirm that stigma is not just a perception but a real societal problem that makes it harder for people to get help and fully recover.

In the Philippines, stigma remains one of the most significant barriers to mental health care. A study by the Harvard Humanitarian Initiative found that 4 out of the top 5 barriers that discourage Filipinos from seeking help are stigma-related. These include feeling embarrassed or ashamed, worrying that others will perceive them as "crazy" or weak, and fearing negative reactions from family and the community (Cabico, 2023). This stigma is deeply rooted in Filipino cultural expectations, particularly the value placed on resilience (Jemison, 2024; Maravilla & Tan, 2021). Because many Filipinos believe they must remain strong notwithstanding the difficulties, mental illness is often considered an indication of frailty. As a result, many people continue to experience disrepute and fear social repudiation, which dissuades them from seeking professional aid (Martinez et al., 2020). By all odds, this only illustrates how cultural views and stigma persist in shaping the mental health travails faced in the Philippine context and how these

realities underscore the importance of studying how Filipinos talk about their mental health, especially since their narratives help show how they understand their battles and seek support.

Numerous studies have examined recovery stories, with a primary focus on coping strategies and identity formation (Martin et al., 2022; Santos et al., 2019). However, no research in the Philippine context has applied entailment analysis to reveal the underlying actions and strategies individuals use to support their recovery, nor employed transitivity analysis to examine how they represent themselves throughout the process. This shows a substantial gap in the literature, leaving important aspects of recovery unexamined. Therefore, there is a pressing need for this study to provide deeper insights into how mental health is discussed, constructed, and experienced in the Philippines, which could inform the development of more effective support and interventions.

In addition, many Filipinos continue to face stigma that inhibits their readiness to seek help (Dy-Zulueta, 2024). It is in this light that the study examines the entailments of their recovery narratives and analyzes how participants are represented through various process types (transitivity), such as material, mental, verbal, relational, behavioral, and existential, as expressed through clause structures in the language. Without a doubt, the completion of the study does not only contribute to a greater understanding of mental health recovery in the Philippine context but also accentuates how linguistic factors express both facilitation of healing and recognition of deep-rooted stigma about mental health.

By examining how Filipinos discuss their recovery, this study supports Sustainable Development Goal 3 (Good Health and Well-being) and Goal 4 (Quality Education). It emphasizes ways to improve mental health through self-care, social support, and effective coping strategies, while promoting mental health awareness and reducing stigma through education. Ultimately, this research provides practical insights that can inform policies, programs, and community initiatives, ultimately helping to build healthier and more understanding communities.

2. Method

2.1 Linguistic Data

This research utilized data from various Philippine media outlets, including ABS-CBN News, Cosmopolitan, GMA News, MentalHealthPH, Modern Filipina, Re-Create, Saksi, Toni Talks, and Tonight with Boy Abunda. The researchers gathered 30 recent narratives from these Philippine media outlets. In discourse analysis, which emphasizes the diverse applications of language, sample size is generally not a significant issue (Potter & Wetherell, 1987). The study focused on narratives published from 2019 to the present to ensure the inclusion of contemporary perspectives and recent lived experiences in mental issue recovery. This timeframe allowed the researchers to analyze the most current and relevant insights into the recovery process.

2.2 Research Design

This study employed discourse analysis, drawing on Levinson's (1983) framework of entailment and Halliday and Matthiessen's (2004) analysis of transitivity as theoretical foundations. The former was used to examine how one utterance in a recovery narrative implies or constrains another, reflecting the speaker's intentions and revealing how participants construct and negotiate meaning in their narratives. Meanwhile, the transitivity analysis focused on how language represents experiences, actions, and events, analyzing the grammatical structures of statements to identify participants, processes, and circumstances. Transitivity was categorized into six process types: material, behavioral, mental, verbal, relational, and existential, allowing for a thorough account of how participants and their experiences are represented in the narratives.

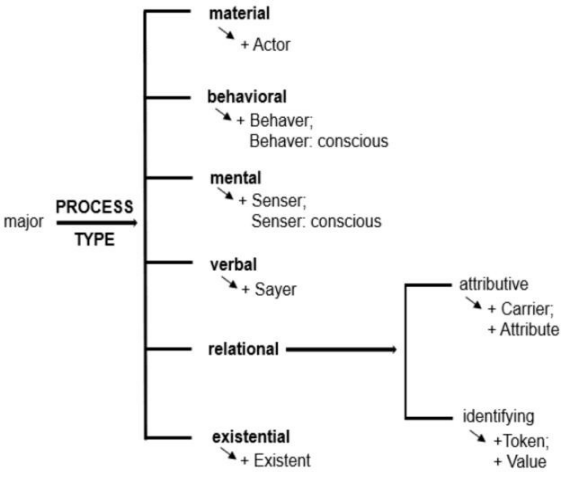

Figure 1. Transitivity System Process Types

2.3 Data Analysis

This study proceeded through the three (3) key processes of Miles and Huberman's (1994) framework: data collection, analysis, and presentation. Applying this framework provided an organized approach, ensuring each process is methodologically structured and clear. Utilizing this framework strengthened the reliability of the results and provided the study with a clearly defined stage.

In collecting data, the researchers gathered mental issues recovery narratives from various sources, including ABS-CBN News, Cosmopolitan, GMA News, MentalHealthPH, Modern Filipina, Re-Create, Saksi, Toni Talks, and Tonight with Boy Abunda. From the gathered sources, relevant sentences and clauses concerning mental issue recovery were identified and extracted. These elements were systematically organized and labeled from MHN1 to MHN30 for further analysis, focusing on two key areas: entailment (Levinson, 1983) and the transitivity framework (Halliday & Matthiessen, 2004).

In the analysis phase, entailment analysis was employed to identify the necessary consequences of utterances within the narratives, revealing the implicit meanings, assumptions, and logical relationships that shape how recovery experiences are framed and interpreted. These entailments were then grouped into emerging themes, offering a deeper understanding of how language shaped the expression of recovery-related truths and values. For the transitivity analysis, the selected sentences and clauses underwent classification based on the process types by Halliday and Matthiessen (2004). This involved classifying clauses based on their process type (Material, Mental, Relational, Behavioral, Verbal, and Existential) to examine how individuals represented their experiences regarding actions, thoughts, relationships, and being. The researchers collected data on how individuals described their recovery journeys by studying the relationships between participants, events, and language within the narratives.

These analyses provided a structured framework for examining the language of recovery, capturing both explicit expressions and the implied meanings embedded in the narratives, and ensuring a systematic understanding of how participants constructed their experiences.

3. Results

3.1 Entailment

Entailments in mental health recovery narratives from various media outlets reveal the implications of how individuals express their experiences. These implications highlight key themes, including self-awareness, medical treatment, healthy and supportive environment, self-help strategies, optimism, faith, and a sense of belonging. The analysis, without a doubt, offers a deeper understanding of mental health recovery, especially within the Philippine context.

Self-awareness. Self-awareness plays an important role in the healing process. This enables individuals to confront their emotions and experiences more authentically (Nonweiler et al., 2024). MHN1 shares, "I'm not afraid to admit that I'm not okay every day." This statement entails that acknowledging emotional struggles is both possible and acceptable. The phrase "not afraid" implies that there may have been a previous fear or stigma associated with admitting vulnerability, emphasizing the narrator's growing self-awareness. Similarly, MHN2 reflects, "I finally admitted to myself, I was drowning." This entails a prior period of denial or resistance to acknowledging distress. MHN3 reinforces this theme by stating, "So, I cut it off, that's my best effort, to cut it off, because if I keep going, I'll really break down." This statement entails that removing oneself from a harmful situation is a valid and necessary action to prevent further emotional distress. The evaluation of one's limits and taking deliberate action, the narrator demonstrates insight into personal needs and boundaries, thereby reflecting a deep level of self-awareness..

Medical Treatment. Trust in healthcare systems and professionals helps people with mental health issues stay engaged with their treatment, which supports their recovery (Souvatzi et al., 2024; Xavier et al., 2023). MHN6 states, "I was diagnosed with anxiety and I ended up taking medication for it. … For today, I'm okay." This statement entails that taking medication is both necessary and effective for managing anxiety, and that adherence to prescribed treatment contributes directly to emotional stability. Similarly, MHN8 states, "My doctor once told me, it's like a fever. Something's wrong with your body, so take your meds. I believe her. I'm better because of her[.]" This entails that mental health conditions can be treated similarly to physical illnesses and that trusting medical professionals leads to recovery.

MHN4 further emphasizes the importance of professional intervention, stating, "I have been regularly getting checkups from a psychiatrist in NCMH (National Center for Mental Health), and it has been a huge help in my recovery," entailing that consistent psychiatric consultations contribute to mental well-being. Likewise, "I'm still on medication [and] it's a lot better and I really think so," by MHN7 implies that adherence to medical treatment plays a role in ongoing recovery. Further reinforcing this, MHN9 shares, "Sometimes you just need to go into therapy so that you can learn how to manage things even when the day is good. Therapy is just as good as when you go for a checkup," suggesting that therapy is a proactive tool for maintaining mental health rather than just a response to distress. Similarly,

MHN10 said, "I'm much better now. I always remember the things my doctor told me about how to ground myself. For the last year, there haven't been any severe attacks." This shows that professional guidance provides long-term strategies for managing mental health. Lastly, MHN5 states, "Ever since I received the proper prescription, my glow returned, the limelight returned, my social life returned, and I became myself again." This entails medical intervention to restore physical well-being and social and personal identity.

Healthy and Supportive Environment. A healthy and supportive environment fosters mental issue recovery by providing safe spaces for open communication and encouraging healthy habits, leading to increased treatment engagement and improved well-being (Acoba, 2024; Yang et al., 2022; Naslund, 2020; Mohd et al., 2019). MHN11 shares, "Finding solace in playing badminton, I discovered a community where I was accepted for who I am," entailing that a sense of belonging and acceptance contribute to emotional stability. Similarly, MHN12 states, "Talking to a mental health professional, reading self-help books, and having a support system helps me manage stress and have a healthier state of mind," implying that seeking professional help and social support can aid in stress management and overall well-being. MHN13 further reinforces this by sharing, "I see my therapist every month, I have motivational calls with my momager, and I have the support of my family and my boyfriend." At the same time, MHN14 states, "My parents are very supportive and loving. They help me keep fighting." Both statements entail that emotional well-being is strengthened through familial and social support. Lastly, MHN15 states, "It's very important for you to be open and talk about it. To surround yourself with good people," reinforcing that open communication and a positive environment contribute to emotional resilience and personal growth.

Self-help Strategies. Self-help strategies can facilitate recovery for individuals with mental health issues. They aid in improving well-being and enhancing the capacity to lead their own recovery (Town et al., 2023; Pilkington & Wieland, 2020). MHN17 emphasizes the necessity of personal effort in recovery, stating, "Everyone around you can help you. Everybody around you will help you, but it's not gonna work unless you help yourself." While external support is available, true recovery depends on an individual's active participation. Research on self-efficacy supports this perspective, demonstrating that a person's belief in their ability to improve significantly influences recovery outcomes. Likewise, MHN20 reinforces the role of self-care, stating, "Ever since I started to exercise and become more active, I'm calmer, happier, more patient, and kinder to everyone and to myself." This suggests that physical activity contributes to emotional well-being, aligning with research that shows its positive effects on life satisfaction, psychological function, and emotional stability through neurobiological and behavioral mechanisms..

Additionally, MHN16 shares, "I gave myself a pep talk for a while, just out loud talking to myself in my room and then I felt better," suggesting that self-affirmation can directly influence one's emotional state. MHN18 further reflects on the importance of acknowledging and embracing emotional pain, stating, "I realized that admitting that you're going through pain, owning it, and embracing it is actually a very strong and courageous thing to do." This entails that accepting one's feelings of pain is a powerful step in the recovery process, which aligns with research suggesting that emotional acceptance enhances coping mechanisms and emotional resilience. MHN19 adds, "I realized that denying what I feel has been making things worse. I decided to stop lying to myself," which entails that denying one's emotions can hinder progress, highlighting the therapeutic effect of self-honesty. These insights suggest that self-help strategies, including self-affirmation and physical activity, can promote emotional stability and overall well-being.

Optimism. Optimism is a powerful mindset influencing how individuals navigate challenges and uncertainties (Lonczak, 2024). MHN21 stated, "It's been a journey of learning, healing, sometimes falling off track, and then bouncing back again." This statement entails that healing is a process that involves both setbacks and progress. It indicates that setbacks are temporary and that individuals can recover. Similarly, MHN22 reflected, "This simple yet profound ritual shifted my perspective, teaching me to appreciate intangible blessings as much as tangible ones," entailing that perspective can be intentionally changed and that recognizing non-material aspects of life contributes to well-being. Similarly, MHN24 stated, "Embracing a holistic perspective, I understood early on that healing is a nonlinear journey unique to each individual," which entails that recovery does not follow a fixed path but varies based on individual experiences. MHN23 stated, "And through it all, trusting that there was a greater plan for me was my northern light." This entails that a greater plan exists and that faith in this plan provides guidance.

Faith. Religious involvement can serve as a valuable resource that enhances individuals' mental health and well-being or accelerates their recovery (Koenig et al., 2020). MHN25 stated, "God is really the one who helped me the most. Also, my family, the doctor, they kept me sane," which entails that divine support, alongside medical and social assistance, plays a crucial role in recovery. In another case, MHN26 expressed, "There was a lot of internal struggle, but eventually, I just decided to— I know this sounds really corny— but I returned to my first love, which is the Lord Jesus," implying that reconnecting with their religious beliefs is a way to navigate struggles. Similarly, MHN27 stated, "But God was there talking to me, talking to me like a child, telling me to hold on," entailing that divine presence is an active and personal experience that offers comfort and direction. These narratives show that faith can be a steady source of strength in times of distress.

Sense of Belonging. A sense of belonging can offer emotional support, helping individuals navigate their mental health struggles (Abdulhamed et al., 2024). MHN28 expresses this: "Sharing my thoughts and experiences and reading other people's small wins and ideas helped me to continue living." This highlights how engaging in shared discussions can be encouraging. When individuals feel connected to others who understand their struggles, they may gain the confidence to move forward. Similarly, MHN29 shares, "I suppose in a way, knowing they were seen and heard made me feel seen and heard," which entails how witnessing others' experiences fosters a sense of validation. When individuals feel acknowledged within a supportive community, they experience emotional reassurance that strengthens their mental resilience. MHN30 further illustrates the role of supportive spaces, stating, "I was diagnosed with ADHD recently, and what helped me make peace with that is a community group on Facebook." This implies how connecting with others who share similar experiences provides comfort and understanding, highlighting that shared experiences within supportive communities reduce isolation.

3.2 Transitivity Analysis

Transitivity analysis reveals how individuals in the Philippines construct agency, responsibility, and change within their narratives of mental health recovery. Its value lies in showing how linguistic choices reflect cultural, social, and personal meanings of recovery, offering deeper insight into how mental health experiences are discursively shaped. In the context of this study, the process types encompass material, mental, verbal, and relational processes.

Table 1. Process Types in Recovery Narratives

No.	Participant: actor/senser/ sayer/token	Process: material/mental/ Verbal/relational	Participant: phenomenon/ receiver/value	Circumstance: reason/time/ verbiage
MHN3	I	cut	it off	
MHN4	I	have been getting	check-ups	from a psychiatrist in NCMH
MHN5	I	received	the proper prescription	
MHN6	I	ended up taking	medication	for it
MHN16	I	gave myself	a pep talk	for a while
MHN20	I	started	to exercise and become more active	
MHN26	I	decided	to return to my first love (Jesus)	
MHN13	I	see	my therapist	every month
MHN18	I	realized	that admitting that you’re going through pain, owning it, and embracing it actually a very strong and courageous thing to do	
MHN19	I	realized	that denying what I feel has been making things worse	
MHN24	I	understand	that healing is a non-linear journey unique to each individual	early on
MHN1	I	admit		that I’m not okay everyday
MHN2	I	admitted	myself	that I was drowning
MHN27	God	talking telling	me	hold on
MHN7	I	am	still on my medication	
MHN8	I	am	better	because of her (doctor)
MHN10	I	am	much better	now
MHN11	I	was	accepted	for who I am
MHN14	my parents	are	very supportive and loving	
MHN25	God	is	really the one who helped me the most	

The material processes in the narratives construe recovery as an intentional and effortful activity in which the narrator frequently occupies the role of Actor. In MHN3, MHN4, MHN5, and MHN6, verbs such as "cut", "have been getting", "received", and "ended up taking" signify the narrator's active role in handling their mental health. MHN4 and MHN5 particularly emphasize medical intervention, with "check-ups" and "proper prescriptions" shown as the primary goals of these actions. In MHN13, the narrator's consistent physical effort to meet with a therapist "every month" is emphasized, indicating persistence and commitment. MHN16 and MHN20 employ verbs like "gave", and "started" to depict further self-driven changes, showing physical and behavioral strategies that facilitate recovery. These material clauses

construct recovery as an intentional and continuous process, showing that healing is achieved through deliberate, self-directed actions. They also suggest that recovery requires discipline, planning, and the consistent execution of supportive behaviors, emphasizing the narrator's agency in shaping their mental health journey.

In terms of mental clauses, the narrator assumes the role of the senser, engaging in internal reflection and meaning-making. MHN18 and MHN19 use "realized" to mark key turning points, which involve acknowledging pain and recognizing the harm of emotional denial. MHN24 presents the narrator as reflective, interpreting healing as "a nonlinear journey," emphasizing that recovery is complex and not straightforward. Further, MHN26's "decided" to return to his or her first love (Jesus) reflects internal volition and conscious deliberation rather than a physical action. These mental processes reveal that insight, self-awareness, and emotional understanding are central to the recovery journey. They suggest that personal growth comes from recognizing one's emotional patterns, learning from experiences, and actively processing feelings. Mental clauses, therefore, portray recovery not only as doing but as thinking, reflecting, and gaining understanding, highlighting the importance of cognitive and emotional work in the healing process.

Verbal clauses center on expressing internal conditions. In MHN1 and MHN2, verbs like "admit" and "admitted" emphasize the narrator's deliberate action of verbalizing their travails, acknowledging that "I'm not okay" and "I was drowning." These clauses suggest that verbal expression serves as an emotional release, allowing the narrator to confront and accept difficult emotions. In MHN27, there is a shift in the speaker where God becomes the sayer, and verbs like "talking" and "telling" reflect divine reassurance and support. Verbal clauses, therefore, serve two important functions, which comprise validating the therapeutic value of articulating emotions and exhibiting that receiving verbal reinforcement, whether internal, interpersonal, or spiritual, can provide resilience and motivation. This suggests that recovery is supported not only by self-expression but also by the affirmation and guidance received through communication with others and with faith.

In relational clauses, the narrator is represented in terms of conditions, identity, and value, often influenced by others. In MHN7, MHN8, and MHN10, verbs like "am" and "was" describe recovery progress through states of being, such as "still on my medication," "better," and "much better now." MHN11 frames social acceptance as validation, while MHN14 attributes supportive and loving qualities to "my parents", constructing a positive relational environment. MHN25 emphasizes divine influence, with the statement, "God is… the one who helped me the most," underscoring that faith plays a paramount position in the recovery process. These relational clauses emphasize that healing is shaped not only by the individual but also by social and spiritual support. They suggest that encouragement, care, and guidance from family, community, and faith-based sources reinforce motivation, provide stability, and create a nurturing environment for recovery.

By all odds, the analysis shows that recovery is an active, reflective, and socially supported journey. Material clauses show that the self takes concrete steps to facilitate improvement, stressing personal agency. Mental clauses demonstrate that insight, reflection, and understanding of emotions are crucial for navigating the complexities of recovery. Verbal clauses emphasize the power of speaking out and receiving support, while relational clauses illustrate how relationships and faith shape identity and the healing process. These narratives only characterize recovery as a structured, multi-layered process shaped by personal effort, reflection, communication, and external support. This implies that recovery is not a secluded experience, but a communal pilgrimage, where significant dealings with oneself, others, and one's environment contribute to sustained healing and growth.

4. Discussion

This study aimed to explore how recovery from mental issue is communicated through narratives in the Philippine context, focusing on how entailment and transitivity patterns reflect individuals' healing journeys. The findings indicate that recovery is facilitated through deliberate actions, reflective insights, supportive relationships, and spiritual grounding. Narratives commonly involved material processes (e.g., seeking therapy), mental and verbal processes (e.g., realizations and admissions), and relational clauses (e.g., descriptions of identity and support systems). These linguistic choices show how recovery is constructed both in meaning and in process, depicting it as a multifaceted and deeply personal process rooted in agency, resilience, and even social connection.

The findings of this study illustrate the multifaceted nature of mental health recovery, emphasizing that healing is neither singular nor linear, but rather shaped by deliberate actions, cognitive shifts, emotional openness, social support, and deeper existential meaning. Recovery is expressed through purposeful behaviors. Material processes emphasize how individuals take concrete steps to manage their mental health, for example, attending therapy sessions, taking prescribed medications, and engaging in self-care routines. Mental processes capture reflection and insight; that is, individuals understand their emotions, recognize challenges, and make conscious choices for growth. Verbal processes also emphasize the role of communication, where expressing struggles and receiving encouragement strengthen resilience. Meanwhile, relational processes shows that supportive relationships with family, friends, communities, and faith significantly shape recovery.

Without a doubt, these findings are consistent with the existing literature, which underscores the greater importance of medical intervention, therapeutic support, and personal agency in promoting long-term recovery and reintegration into everyday life (Kassa et al., 2025; Souvatzi et al., 2024; Xavier et al., 2023; Jessell & Stanhope, 2021).

A pressing pattern in the data is the gradual shift from denial and confusion toward acknowledgment and clarity. As individuals become more emotionally aware, they begin to recognize their pain, accept their struggles, and take steps toward healthier ways of coping. This progression illustrates how mental and material processes work together in recovery: moments of insight prompt deliberate actions, and these actions, in turn, deepen reflection and foster personal growth. Such a trajectory aligns with existing research suggesting that embracing vulnerability and developing emotional insight enhances resilience and facilitates psychological healing (Hollander-Goldfein, 2024; Pereira et al., 2024; Damsgaard & Angel, 2021). Participants also describe their growth as a growing understanding that recovery is not linear but continually evolving, aligning with perspectives that frame healing as a dynamic journey shaped by both progress and setbacks (WHO, 2022; Llewellyn-Beardsley et al., 2019).

The importance of external support systems also emerges in the narratives through relational and verbal processes that describe states of being supported, cared for, and accepted. Recovery is often expressed in terms of relationships that shape the narrator's condition and identity, such as being on medication, feeling better over time, or receiving care from parents and loved ones. These relational clauses present support as a stabilizing presence that contributes to a sense of safety, belonging, and emotional security, which are important for sustaining recovery (Polat & Duran, 2025; Acoba, 2024; Haslem, 2024). Additionally, verbal processes highlight moments when individuals express their struggles or receive reassurance, underscoring the role of communication in emotional release and validation. While the narratives clearly show personal agency through deliberate actions, they also demonstrate that recovery is not experienced in isolation. Instead, it is shaped by ongoing relational support and affirmation, reinforcing research that views recovery as a social process supported by meaningful relationships that help maintain well-being and reduce vulnerability to relapse (Yang et al., 2022; Naslund, 2020).

Personal efforts, such as self-care routines and emotional introspection, further complement the healing process and are quite reflected in the narratives through both material and mental processes. The material clauses show individuals actively engaging in activities to support their recovery, such as maintaining routines, exercising, or practicing self-care. These actions convey that recovery is not a lethargic process, but rather one that necessitates invariant action, discipline, and personal responsibility. Alongside these actions, mental processes allow individuals to reflect on their experiences, evaluate their emotional circumstances, and become more cognizant of their needs and limitations. This combination implicates that recovery involves both taking action and reflecting deeply on one's emotional and psychological state. By all odds, the interaction of material and mental processes shows that these individuals are to develop greater emotional symmetry, forbearance, and self-compassion. As they act on their recovery objectives and contemplate the outcomes these actions yield, they get to achieve a stronger sense of control and conviction in handling their mental health. These patterns align with the existing literature, which suggests that self-care behaviors help contribute to enhanced psychological functioning, better mood regulation, and greater life satisfaction (Town et al., 2023; Trajkovic et al., 2023; Smith & Merwin, 2020). Also, the repeated engagement in these actions and reflections supports the development of self-efficacy and self-honesty, which help individuals to take accountability for their recovery and build resilience against both internal struggles and external stressors (Hortz, 2023; Kapil, 2022).

Another substantial dimension of recovery is embracing optimistic, hopeful, forward-looking outlooks. In the narratives, individuals engage in mental processes such as reflecting on their travails, acknowledging knocks as temporary, and consciously deciding to pursue change. These reflections often accompany material processes, such as ongoing therapy, regular exercise, or making lifestyle adjustments. This demonstrates that hope is not just a feeling, but is enacted through conscious action, a mixture of thinking and doing that fosters persistence, optimism, and adaptive coping. It was also narrated how recovery was depicted as an expedition of transformation and rediscovery, which shows how mental reflection rouses concrete steps, which in turn support their forward-looking perspective. These align with research relating optimism and hope to improved psychological flexibility, greater life satisfaction, and resilience (Conversano et al., 2024; Lonczak, 2024; Gallagher et al., 2019).

Spiritual and existential reflections are also present in their recovery narrative, bringing a sense of peace. Some describe their healing as being anchored in faith or divine guidance. They take active steps, for example, practicing their beliefs or seeking support from their faith community, which shows how spirituality is an integral part of their daily lives. These premises provide comfort and motivation. They facilitate continued healing and help individuals make sense of challenges, finding meaning in their journey. Furthermore, research shows that spirituality can enhance mental well-being by providing individuals with strength, focus, and a clearer sense of direction, thereby supporting faster and more lasting recovery (Leung & Li, 2023; Plante, 2022; Koenig et al., 2020). When combined with medical care and social support, these spiritual practices provide a critical basis for sustainable recovery.

Conspicuously, recovery from mental issue is a dynamic and integrative process. It involves intentional action, cognitive restructuring, emotional resilience, strong interpersonal bonds, and meaningful life orientation. These elements enable individuals to reclaim their well-being, reestablish their identities, and move forward with a renewed sense of self and purpose. Healing, therefore, is both an inward and outward journey, sustained not only by individual strength but also by the presence of others, the support of systems, and the belief in a life worth living..

5. Conclusion

This study shows the significant role of language in constructing mental health recovery narratives within the Philippine context. Using entailment, the findings reveal how individuals perceive recovery not only as a clinical process, but also as an intricate interplay of emotional, cognitive, and relational experiences shaped by societal values and cultural expectations. The narratives suggest that recovery is both personal and social, in which individuals actively make sense of their experiences while engaging with family, community, and faith. Language serves as a powerful tool to express, shape, and communicate these experiences, emphasizing the ways people understand and enact healing.

The findings from the transitivity analysis reveal several important implications for understanding recovery. Individuals actively engaged in concrete actions, such as attending therapy, taking medication, exercising, or recommitting to their faith, demonstrate that recovery indeed requires personal effort and initiative. They reflected on emotions, recognized challenges, and made meaning from experiences, indicating that self-awareness and insight are critical to the healing journey. Furthermore, expressing struggles and receiving encouragement offered emotional release, validation, and strength, demonstrating the importance of communication and support. Social acceptance, relationships, and faith were also shown to play a significant role, emphasizing that recovery is influenced by community and spiritual guidance. Recovery was rarely framed as a fixed state or observable behavior, but rather as a dynamic process built on meaningful choices, reflection, expression, and engagement with others; that is, healing is both an active and socially supported process.

Overall, the findings underscore the significant role language plays in shaping mental health recovery. The narratives provide insight into how Filipinos communicate healing, resilience, and personal agency in culturally relevant ways. These results can guide education, mental health programs, and policy development to promote empathy, reduce stigma, and support recovery in contextually appropriate ways. By deepening understanding of how language constructs recovery, this study contributes to improving mental health awareness and care within culturally sensitive frameworks. The analysis emphasizes that recovery is both personal and social, intentional and reflective, and shaped by deliberate actions, self-awareness, effective communication, and supportive relationships. Healing emerges through a combination of individual effort, insight, expression, and meaningful connections with others and one's environment..

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No additional data are available.

References

Abdulhamed, R., Hietajärvi, L., Skogberg, N., Klemetti, R., & Lonka, K. (2024). Sense of belongingness, discrimination, and mental health: Associations and buffering effects of sense of belonging on mental health among Finnish native and immigrant-origin youth. *International Journal of Intercultural Relations, 103*, 102081. https://doi.org/10.1016/j.ijintrel.2024.102081

Acoba, E. F. (2024). Social support and mental health: The mediating role of perceived stress. *Frontiers in Psychology, 15*. https://doi.org/10.3389/fpsyg.2024.1330720

Ahad, A. A., Sanchez-Gonzalez, M., & Junquera, P. (2023). Understanding and addressing mental health stigma across cultures for improving psychiatric care: A narrative review. *Cureus, 15*(5), e39549. https://doi.org/10.7759/cureus.39549

Cabico, G. K. (2023). High cost, stigma top reasons for not receiving mental health care in Philippines – Harvard study. *Philstar.com.* https://www.philstar.com/headlines/2023/04/18/2259819/high-cost-stigma-top-reasons-not-receiving-mental-health-care-philippines- harvard-study

Chukwuma, O. V., Ezeani, E. I., Fatoye, E. O., Benjamin, J., Okobi, O. E., Nwume, C. G., & Egberuare, E. N. (2024). A systematic review of the effect of stigmatization on psychiatric illness outcomes. *Cureus*. https://doi.org/10.7759/cureus.62642

Conversano, C., Rotondo, A., Lensi, E., Della Vista, O., Arpone, F., & Reda, M. A. (2024). Optimism and its impact on mental and physical well- being. *Clinical Practice and Epidemiology in Mental Health, 6*(1), 25–29. https://doi.org/10.2174/1745017901006010025

Corrigan, P. W., Talluri, S. S., & Qin, S. (2021). Difference and disdain as indicators of the public stigma of mental illness. *The Journal of Nervous and Mental Disease, 209*(9), 645–649. https://doi.org/10.1097/NMD.0000000000001354

Damsgaard, J. B., & Angel, S. (2021). Living a meaningful life while struggling with mental health: Challenging aspects regarding personal recovery encountered in the mental health system. *International Journal of Environmental Research and Public Health, 18*(5), 2708. https://doi.org/10.3390/ijerph18052708

Doumit, C. A., Haddad, C., Sacre, H., Salameh, P., Akel, M., Obeid, S., … & Soufia, M. (2019). Knowledge, attitude and behaviors towards patients with mental illness: Results from a national Lebanese study. *PLoS ONE, 14*(9), e0222172. https://doi.org/10.1371/journal.pone.0222172

Drapalski, A. L., Tonge, N., Muralidharan, A., Brown, C. H., & Lucksted, A. (2023). Even mild internalized stigma merits attention among adults with serious mental illness. *Psychological Services, 20*(Suppl 2), 166–174. https://doi.org/10.1037/ser0000744

Dy-Zulueta, D. (2024). A silent epidemic emerging: The rising mental health concern. *Philstar.com*. https://www.philstar.com/lifestyle/health-and-family/2024/01/12/2308964/silent-epidemic-emerging-rising-mental-health-concern

Evans, L., Chang, A., Dehon, J., Streb, M., Bruce, M., Clark, E., & Handal, P. (2023). The relationships between perceived mental illness prevalence, mental illness stigma, and attitudes toward help-seeking. *Current Psychology, 43*(2), 1806–1815. https://doi.org/10.1007/s12144-023-04329-2

Gallagher, M. W., Long, L. J., Richardson, A., D'Souza, J., Boswell, J. F., Farchione, T. J., & Barlow, D. H. (2019). Examining hope as a transdiagnostic mechanism of change across anxiety disorders and CBT treatment protocols. *Behavior Therapy, 51*(1), 190–202. https://doi.org/10.1016/j.beth.2019.06.001

Gärtner, L., Asbrock, F., Euteneuer, F., Rief, W., & Salzmann, S. (2022). Self- stigma among people with mental health problems in terms of warmth and competence. *Frontiers in Psychology,13*. https://doi.org/10.3389/fpsyg.2022.877491

Ghiasi, N., Azhar, Y., & Singh, J. (2023). Psychiatric illness and criminality. *StatPearls - NCBI Bookshelf*.

https://www.ncbi.nlm.nih.gov/books/NBK537064/

Gunasekaran, S., Tan, G. T. H., Shahwan, S., Goh, C. M. J., Ong, W. J., & Subramaniam, M. (2022). The perspectives of healthcare professionals in mental health settings on stigma and recovery: A qualitative inquiry. *BMC Health Services Research, 22*(1). https://doi.org/10.1186/s12913- 022-08248-z

Halliday, M. A. K., & Matthiessen, C. M. I. M. (2004). An introduction to functional grammar. London: Arnold https://doi.org/10.4324/9780203783771

Haslem, H. (2024). The power of belonging in recovery: Building social supports for mental health providers. *CASAT OnDemand.* https://casatondemand.org/2024/09/26/the-power-of- belonging-in-recovery-building-social-supports-for-mental-health- providers/

Hermann, H., Berndt, N., Lytochkin, A., & Sappok, T. (2022). Behavioural phenomena in persons with an intellectual developmental disorder according to the level of emotional development. *Journal of Intellectual Disability Research, 66*(5), 483–498. https://doi.org/10.1111/jir.12930

Hollander-Goldfein, B. (2024). Understanding the mental health healing process. *Council for Relationships*. https://councilforrelationships.org/understanding-the-mental-health- healing-process/

Hortz, B. (2023). Empowering patients: The power of self-efficacy in rehabilitation from injury. *Structure & Function Education.* https://structureandfunction.net/empowering-patients-the-power-of-self-efficacy-in-rehabilitation-from-injury/

Jahn, D. R., Leith, J., Muralidharan, A., Brown, C. H., Drapalski, A. L., Hack, S., & Lucksted, A. (2020). The influence of experiences of stigma on recovery: Mediating roles of internalized stigma, self-esteem, and self- efficacy. *Psychiatric Rehabilitation Journal, 43*(2), 97–105. https://doi.org/10.1037/prj0000377

Jemison, J. (2024). Mental illness remains taboo in the Philippines, but technology might just help break the stigma – Medicinal media. Medicinal Media. https://www.medicinalmedia.com/explore/tech-helps-break-the-stigma-of-mental-illness-in-the-philippines

Jessell, L., & Stanhope, V. (2021). "How do you try to have anyone comply or at least be pliable with you if that person's not even medicated?": Perspectives on the use of psychiatric medication within recovery-oriented practice. *Psychiatric Rehabilitation Journal, 45*(2), 153–159. https://doi.org/10.1037/prj0000493

Kapil, R. (2022). How and why to practice self-care. Mental Health First Aid. https://www.mentalhealthfirstaid.org/2022/03/how-and-why-to-practice- self-care/

Kassa, S., Ghahari, S., Lysaght, R., Marshall, C. A., & Mengstie, M. M. (2025). The recovery experiences of individuals with schizophrenia in northwestern Ethiopia. *Frontiers in Psychiatry, 16*. https://doi.org/10.3389/fpsyt.2025.1470656

Koenig, H. G., Al-Zaben, F., & VanderWeele, T. J. (2020). Religion and psychiatry: Recent developments in research. *BJPsych Advances, 26*(5), 262–272. https://doi.org/10.1192/bja.2019.81

Kotera, Y., Daryanani, R., Skipper, O., Simpson, J., Takhi, S., McPhilbin, M., … & Vilar-Lluch, S. (2024). Applying critical discourse analysis to cross- cultural mental health recovery research: Positive changes and no value judgement (preprint). *JMIR Formative Research*, *9*, e64087. https://doi.org/10.2196/64087

Leung, J., & Li, K. (2023). Faith-based spiritual intervention for persons with depression: Preliminary evidence from a pilot study. *Healthcare, 11*(15), 2134. https://doi.org/10.3390/healthcare11152134

Levinson, Stephen C. (1983). Pragmatics. Cambridge: Cambridge University Press. https://doi.org/10.1017/CBO9780511813313

Llewellyn-Beardsley, J., Rennick-Egglestone, S., Callard, F., Crawford, P., Farkas, M., Hui, A., … & Slade, M. (2019). Characteristics of mental health recovery narratives: Systematic review and narrative synthesis. *PLoS ONE, 14*(3), e0214678. https://doi.org/10.1371/journal.pone.0214678

Lonczak, H. S. (2024). Pessimism vs. optimism: How mindset impacts wellbeing. *PositivePsychology*. https://positivepsychology.com/pessimism-vs-optimism/

Maravilla, N. M. a. T., & Tan, M. J. T. (2021). Philippine mental health act: Just an act? a call to look into the bi-directionality of mental health and economy. *Frontiers in Psychology,* 12. https://doi.org/10.3389/fpsyg.2021.706483

Martin, R., Bautista, C., & Teng-Calleja, M. (2022). Telling stories of recovery: A narrative evaluation of a community-based drug treatment program. *Philippine Journal of Psychology*, 105–143.

https://doi.org/10.31710/pjp/0054.05

Martinez, A. B., Co, M., Lau, J., & Brown, J. S. L. (2020). Filipino help-seeking for mental health problems and associated barriers and facilitators: A systematic review. *Social Psychiatry and Psychiatric Epidemiology, 55*(11), 1397–1413. https://doi.org/10.1007/s00127-020-01937-2

Miles, M. B., & Huberman, A. M. (1994). Qualitative data analysis: An expanded sourcebook (2nd ed.). *Sage Publications, Inc.*

Mohd, T. a. M. T., Yunus, R. M., Hairi, F., Hairi, N. N., & Choo, W. Y. (2019). Social support and depression among community dwelling older adults in Asia: A systematic review. *BMJ Open, 9*(7), e026667. https://doi.org/10.1136/bmjopen-2018-026667

Naslund, J. A., Bondre, A., Torous, J., & Aschbrenner, K. A. (2020). Social media and mental health: Benefits, risks, and opportunities for research and practice. *Journal of Technology in Behavioral Science, 5*(3), 245–257. https://doi.org/10.1007/s41347-020-00134-x

Nelson, A. (2023). Use person-first language to reduce stigma. Mental Health First Aid. https://www.mentalhealthfirstaid.org/2022/04/use-person-first-language-to-reduce-stigma/?fbclid=IwY2xjawK7P29leHRuA2FlbQIxMQABHtsp0vOXXFM48YVyr_hU0NeRtF0SDKMaldSt7C2V6Zx9FYK4zrXKHvNkFtm9_aem_zo Jittbh0huYN6QcfZdX-Q

Nonweiler, J., Vives, J., Barrantes-Vidal, N., & Ballespí, S. (2024). Emotional self-knowledge profiles and relationships with mental health indicators support value in 'knowing thyself'. *Scientific Reports, 14*(1), 7900.https://doi.org/10.1038/s41598-024-57282-w

Omondi, K. (2024). Mental health stigma and its impact on help-seeking behavior. *International Journal of Humanity and Social Sciences, 3*(3), 15–29. https://doi.org/10.47941/ijhss.2082

Pereira, C. S., Padoan, C. S., Silva, M. M., & Magalhães, P. V. S. (2024). A grounded theory on acceptance of diagnosis as a pathway to recovery in bipolar disorder. *Scientific Reports, 14*(1). https://doi.org/10.1038/s41598-024-61923-5

Pilkington, K., & Wieland, L. S. (2020). Self-care for anxiety and depression: A comparison of evidence from Cochrane reviews and practice to inform decision-making and priority-setting. *BMC Complementary Medicine and Therapies, 20*(1). https://doi.org/10.1186/s12906-020-03038-8

Plante, T. G. (2022). Minding the gap: Spirituality in clinical practice during increased secularization and mental health needs. *Spirituality in Clinical Practice, 11*(1), 83–88. https://doi.org/10.1037/scp0000298

Polat, S., & Duran, S. (2025). "Believing facilitates success": Psychiatric nurses' perspectives on recovery. *BMC Nursing, 24*(1). https://doi.org/10.1186/s12912-025-02785-8

Potter, J., & Wetherell, M. (1987). Discourse and social psychology. *London: Sage*

Poulgrain, J. W., Bremner, N. M., Zimmerman, H., Jao, C. W., Winter, T., Riordan, B. C., … & Scarf, D. (2022). Why so serious? an attempt to mitigate the short-term harmful effects of the film joker on prejudice toward people with mental illness. *Behavioral sciences (Basel, Switzerland), 12*(10), 384. https://doi.org/10.3390/bs12100384

Prizeman, K., Weinstein, N., & McCabe, C. (2023). Effects of mental health stigma on loneliness, social isolation, and relationships in young people with depression symptoms. *BMC Psychiatry, 23*(1). https://doi.org/10.1186/s12888-023-04991- 7

Santos, J. L., Ty, W. E., Tolentino, P. E., & Teston, R. S. (2019). Narratives of identity reconstruction among recovering drug dependents. *Philippine Journal of Psychology, 52*(1), 2019–2238. https://doi.org/10.31710/pjp/0052.01.08

Scarf, D., Zimmerman, H., Winter, T., Boden, H., Graham, S., Riordan, B. C., & Hunter, J. A. (2020). Association of viewing the films joker or terminator: Dark fate with prejudice toward individuals with mental Illness. *JAMA network open, 3*(4), e203423. https://doi.org/10.1001/jamanetworkopen.2020.3423

Smith, P. J., & Merwin, R. M. (2020). The role of exercise in management of mental health disorders: An integrative review. *Annual Review of Medicine, 72*(1), 45–62. https://doi.org/10.1146/annurev-med-060619- 022943

Souvatzi, E., Katsikidou, M., Arvaniti, A., Plakias, S., Tsiakiri, A., & Samakouri, M. (2024). Trust in healthcare, medical mistrust, and health outcomes in times of health crisis: A narrative review. *Societies, 14*(12), 269. https://doi.org/10.3390/soc14120269

Tan, G. T. H., Shahwan, S., Goh, C. M. J., Ong, W. J., Wei, K., Verma, S. K., Chong, S. A., & Subramaniam, M. (2020). Mental illness stigma's reasons and determinants (MISReaD) among Singapore's lay public: A qualitative inquiry. *BMC Psychiatry, 20*(1). https://doi.org/10.1186/s12888-020-02823-6

Town, R., Hayes, D., March, A., Fonagy, P., & Stapley, E. (2023). Self-management, self-care, and self-help in adolescents with emotional problems: A scoping review. *European Child & Adolescent Psychiatry, 33*(9), 2929–2956. https://doi.org/10.1007/s00787-022-02134-z

Trajković, N., Mitić, P. M., Barić, R., & Bogataj, Š. (2023). Editorial: Effects of physical activity on psychological well-being. *Frontiers in Psychology,14*. https://doi.org/10.3389/fpsyg.2023.1121976

Volkow, N. D., Gordon, J. A., & Koob, G. F. (2021). Choosing appropriate language to reduce the stigma around mental illness and substance use disorders. *Neuropsychopharmacology, 46*(13), 2230–2232. https://doi.org/10.1038/s41386-021-01069-4

Williams, K., Foulser, A. A., & Tillman, K. A. (2022). Effects of language on social essentialist beliefs and stigma about mental illness. https://escholarship.org/uc/item/92m9h735

World Health Organization: WHO. (2022). Mental health. https://www.who.int/news-room/fact-sheets/detail/mental-health- strengthening-our-response

Xavier, R. M., Shanavas, Y., Britt, B. M., & George, W. T. (2023). Influences of race and clinical variables on psychiatric genetic research participation: Results from a schizophrenia sample. *PLoS ONE, 18*(4), e0284356. https://doi.org/10.1371/journal.pone.0284356

Yang, C., Gao, H., Li, Y., Wang, E., Wang, N., & Wang, Q. (2022). Analyzing the role of family support, coping strategies and social support in improving the mental health of students: Evidence from post COVID-19. *Frontiers in Psychology, 13*. https://doi.org/10.3389/fpsyg.2022.1064898