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RESEARCH ARTICLE

Lexical Markers of Emotion: Adjectives in Patient Journals on Suicidal Ideation

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ABSTRACT

Suicide remains a major public health concern worldwide, and understanding the subjective experiences of patients with suicidal ideation is critical for prevention and intervention. Language offers a valuable entry point into these experiences, with adjectives functioning as key lexical markers of affective stance. This study utilised descriptive content analysis and analysed a corpus of anonymized therapeutic journals written by patients experiencing suicidal ideation. Adjectives were identified through manual coding procedures, with cross-checking to ensure reliability. A frequency analysis was conducted to determine the distribution and prevalence of affective adjectives in the dataset. The analysis revealed that the adjective happy occurred most frequently (41 instances), followed by alone (33), sad (32), anxious (18), and hard (18). The co-occurrence of positive descriptors (e.g., happy) alongside negative or burden-laden adjectives (e.g., alone, sad, anxious, hard) reflects the ambivalence characteristic of suicidal ideation, where fleeting hope is juxtaposed with pervasive distress. The findings demonstrate that lexical analysis can reveal significant patterns in the affective expression of patients with suicidal ideation. Adjectives function not only as emotional markers but also as indicators of ambivalence, underscoring the complexity of patients' lived experiences. Attention to such lexical choices in therapeutic contexts may support clinicians in identifying underlying affective states, enhancing empathic engagement, and informing more nuanced approaches to

suicide risk assessment and intervention.

Contribution/Originality: This research gives new insight by looking into the linguistics features/lexical markers, specifically adjectives used by patients with suicidal ideation. This research may assist the professional practitioner to comprehend the intended meaning by the patients which could help with appropriate treatment and therapy needed by the patients.

1. Introduction

Suicide is a leading cause of death worldwide and remains a pressing concern in both psychiatry and public health (Pirkis et al., 2024). Individuals experiencing suicidal ideation often grapple with complex emotional states that are difficult to capture through clinical measures alone (Pompili et al., 2025). Increasingly, research has emphasised the role of language as a lens for understanding these experiences, since the words patients choose can reveal their emotional stance, psychological struggles, and underlying ambivalence between despair and hope (Colbert & Powell, 2025). In this regard, therapeutic journals - written reflections encouraged in clinical or supportive settings - offer a valuable source of data for examining how individuals express their inner worlds.

Among the various lexical categories available in language, adjectives play a distinctive role in conveying affect and evaluation (Béligon, 2020). They do not merely describe conditions or objects but often signal the intensity, valence, and quality of emotional experience. For patients with suicidal ideation, adjectives such as “sad,” “alone,” or “anxious” may function as direct indicators of distress, while others such as “happy” may point to moments of fleeting positivity or ambivalence (Yang, 2025). Despite the clinical significance of these markers, systematic research on the frequency and distribution of adjectives in patient writings remains limited (Corbin et al., 2023; Nordlund, 2016; Rose et al., 2007). Most existing studies privilege qualitative thematic analysis or focus on broader linguistic features (Ahmed et al., 2022; Gu et al., 2021; Låver et al., 2024) rather than conducting fine-grained, quantitative examinations of specific lexical categories.

This study addresses this gap by focusing on adjectives as lexical markers of emotion in the therapeutic journals of patients with suicidal ideation. The guiding research question is: What are the adjectives used in therapeutic journals of patients with suicidal ideation? The aim is to identify the frequency of used adjectives, thereby providing a clearer picture of how patients linguistically represent their affective states. By mapping patterns of adjective use, this study contributes to both suicidology and health communication research, offering insights that may inform clinical practice by highlighting how language reflects and communicates the complex emotions associated with suicidal ideation.

2. Literature Review

2.1. Lexical Markers of Emotion

Language serves as a powerful medium through which individuals express and regulate emotions, and within linguistic theory, adjectives have long been recognised as lexical carriers of stance and affect (Settarova, 2025). They encode emotional valence—positive (happy), negative (sad), or ambivalent (hard)—and offer direct insight into affective

orientation. Unlike other lexical categories, adjectives communicate both emotional intensity and evaluative judgement (Koivunen et al., 2021), functioning as indicators of how individuals feel toward themselves, others, and their surroundings. In mental health discourse, such lexical choices are especially salient, as they can index subtle mood variations, shifts in emotional stance, and the oscillation between despair and hope often experienced by individuals with suicidal ideation. Recent developments in corpus linguistics and computational text analysis have advanced the study of affective language from qualitative interpretation to quantitative measurement, with tools such as sentiment analysis, frequency analysis, and affective lexicon mapping revealing patterns that correlate with psychological states like depression, anxiety, and suicidal ideation (Nielbo et al., 2025; Preeti, 2024). By quantifying the occurrence and polarity of adjectives, researchers can derive empirically grounded insights into how emotion is encoded lexically. Building on this tradition, the present study employs frequency-based analysis to identify the most frequently used adjectives in the therapeutic journals of patients with suicidal ideation, situating lexical emotion within a measurable linguistic framework.

2.2. Therapeutic Writing as Data Source

Therapeutic writing has long been recognised as both a clinical intervention and a valuable source of psychological data. Rooted in expressive writing paradigms pioneered by Pennebaker (1997; 2010) and Esterling et al. (1999), this approach encourages individuals to externalise and process emotional experiences through written reflection. In mental health research, journals and expressive writing tasks enable patients to articulate trauma, distress, and recovery in ways that may not emerge in structured clinical interviews, offering spontaneous insights into affective and cognitive processes (Andrews III et al., 2022; Deshpande, 2024). For individuals experiencing suicidal ideation, such writings provide a unique lens into how emotions are constructed and negotiated through language. From a clinical standpoint, patient narratives complement traditional diagnostic tools by facilitating self-awareness, emotional regulation, and meaning-making (Maretic & Abbey, 2021; Ramírez-Bermúdez et al., 2025; Fernández-Villardón et al., 2025) processes central to healing and resilience. Moreover, longitudinal narrative accounts allow clinicians to trace emotional fluctuations, observe shifts in self-concept, and identify linguistic cues linked to distress or improvement (Friedlander et al., 2020; Cowan et al., 2024; Pellegrini et al., 2021). Previous studies highlight that written reflections not only serve as therapeutic outlets but also reveal markers of psychological functioning, such as coherence, tone, and lexical choice (Sun et al., 2020; Ruini & Mortara, 2022; Namburi & Hopkins, 2024; Song et al., 2025). Consequently, analysing therapeutic journals allows researchers to view language both as data and as a medium of therapy, bridging the linguistic and clinical dimensions of suicidology for a more holistic understanding of mental health experiences.

3. Research Methods

This study employed a descriptive content analysis. This research design is suitable to be used as in-depth analysis can be more comprehensive and reliable (Assarroudi et al., 2018). The design was particularly relevant given the study's objective: to identify the adjectives used in the therapeutic journals of psychiatric patients with suicidal ideation. A purposive sampling technique was applied, as the study focused on a specific group - psychiatric patients diagnosed with suicidal ideation (Campbell et al., 2020). The data were obtained from Hospital Al-Sultan Abdullah (HASA), Universiti Teknologi MARA

(UiTM), Puncak Alam, following approval from the Research Ethics Committee (REC) (Ref. No: REC/09/2021 (MR/813). After receiving ethical clearance, data collection was conducted with the assistance of a psychiatrist at HASA, who identified eligible participants and managed the document retrieval process. Before obtaining the journals, the psychiatrist provided each participant with a Participant Information Sheet (PIS) outlining the study's purpose and confidentiality measures, and obtained written informed consent from those willing to share their journals. Once consent was granted, the psychiatrist photocopied the journals, immediately returning the originals to the patients to ensure minimal disruption. Participation in this study was entirely voluntary, and patients retained the right to withdraw at any time without consequence. Ultimately, four (4) therapeutic journals were obtained for analysis. To ensure confidentiality and privacy, all identifying information was removed, and pseudonyms were used where necessary. The data were then analysed using Google Sheets and the Statistical Package for the Social Sciences (SPSS) version 29 as this study focused on descriptive data. Adjectives were identified and tabulated, and their frequencies were calculated and presented in descriptive tables to illustrate the distribution of lexical items across the dataset.

4. Results

Table 1 presents the frequency distribution of lexical markers of emotion identified in the therapeutic journals (n = 199). The table shows that the adjective *happy* occurred most frequently (41 instances), followed by *alone* (33), *sad* (32), and *penat* (27). Other commonly used adjectives included *anxious* and *hard* (18 each), *good* and *tired* (17 each), and *stupid* (14). Adjectives with lower frequencies (one to three occurrences) comprised a broad mix of affective descriptors ranging from *beautiful* and *peaceful* to *hopeless* and *worthless*, reflecting a rich emotional vocabulary.

Table 1: Frequency distribution of lexical markers of emotion

No.	Lexical Emotion	Frequency
1	Happy	41
2	Alone	33
3	Sad	32
4	Penat	27
5	Anxious, Hard	18
6	Good, Tired	17
7	Stupid	14
8	Last, Lazy, Suicidal	12
9	Low	11
10	Hate	8
11	Depressed, Lonely, Worthless	7
12	Sorry, Useless	6
13	Alive, Ugly, Normal	5
14	Able, Bad, Beautiful, Best, Deep, Heavy, Old, Ready, Right, Tiring, Calm	4
15	Ada, Baik, Blue, Certain, Easy, Free, Fucked Up, Great, Hopeless, Nervous, Nobody, Numb, Peaceful, Problematic, Proud, Selfish, Takda, Unworthy, Warm, Worse, Easier	3
16	Angry, Ashamed, Berat, Better Off, Cold, Confused, Dark, Different, Down, Enough, Fading, Flat, Greatest, Happiest, High, Important, Lama, Malas, Marah, Messed Up, Overwhelming, Painful, Pathetic, Scary, Susah, Tak Guna, Tired, Unable, Unhappy, Unmotivated, Weird, Worried, Worst, Worth, Big, Heavy, Unlovable	2

17	Adventurous, Amazing, Aware, Bahagia, Beria, Betrayed, Blackest, -ve, Blur, Boring, Bottomless, Broken, Broke, Caring, Comfortable, Confirmed, Conflicted, Conscious, Cruel, Dead, Deafening, Defeated, Detached, Difficult, Disappointed, Distracted, Dramatic, Dreadful, Elok, Exhausting, Fake, Fool, Fortunate, Fucking, Fun, Funny, Fuzzy, Glad, Gone, Good, Guilty, Hardest, Harmful, Heartrending, Horrifying, Hurt, Ignored, Insignificant, Intense, Invisible, Irrepairable, Joyful, Judgement, Left Out, Lighter, Lonesome, Mad, Mampos, Mental, Negative, Neglected, Not Capable, Nothing, Numbed, Passionate, Peace, Peaceful, Perfect, Pointless, Possible, Precise, Prepared, Prettiest, Pure, Quiet, Raging, Reluctant, Restless, Sedih, Shitty, Silly, Strong, Stupid , Suffocating, Tender, Terrible, Thankful, Tough, Trapped, Tremendous, Unbearable, Uncomfortable, Underwater, Unfit, Ungrateful, Unharmed, Unimportant, Unkind, Untethered, Upset, Ugh, Used, Vicious, Waste of Space, Wasted, Worthy	1

The overall distribution was highly skewed, with more than half of the adjectives occurring only once. This pattern indicates that patients employed a wide and varied range of lexical markers to articulate their affective states rather than relying on a limited emotional lexicon (Ferré et al., 2025; Hoemann et al., 2025; Li et al., 2025). Recurrent adjectives clustered around themes of sadness, isolation, fatigue, and self-criticism, highlighting the pervasive negative affect associated with suicidal ideation (Millgram et al., 2024). Nonetheless, the presence of positive descriptors such as *happy*, *good*, and *beautiful* points to moments of fleeting positivity or aspirational emotion. The inclusion of bilingual terms such as *penat* (Malay for *tired*) further underscores the blending of linguistic and cultural repertoires in patients' self-expression. Taken together, these findings suggest that patients draw on a lexically diverse yet emotionally weighted vocabulary to represent their psychological experiences, with negative affective expressions dominating the discourse.

The frequency and distribution of adjectives in the therapeutic journals reveal key insights into the affective expression of patients with suicidal ideation. The predominance of negative adjectives such as *alone*, *sad*, *anxious*, and *penat* indicates that feelings of isolation, exhaustion, and hopelessness are central to patients' emotional worlds (Millgram et al. 2024). The relatively high frequency of these descriptors suggests that negative affect dominates their self-expression, reflecting the persistent emotional strain associated with suicidal ideation. However, the recurrence of positive adjectives such as *happy* and *good*, despite being less common, signals moments of fleeting optimism, longing, or emotional contradiction. This polarity between positive and negative lexical choices reflects the affective ambivalence often observed in suicidality, where despair coexists with transient hope or the desire for relief (TenHouten, 2023).

The frequency patterns also underscore the variability and intensity of emotional articulation. The skewed distribution—where a few adjectives recur frequently while many appear only once—suggests that while certain emotions are stable and repeatedly salient, others are context-specific and momentary. This lexical unevenness mirrors the fluctuating nature of emotional regulation among individuals experiencing suicidal ideation (Neacsiu et al., 2018; Colmenero-Navarrete et al., 2022). Moreover, the use of bilingual adjectives, such as *penat* (Malay for *tired*), illustrates how patients draw from multiple linguistic repertoires to capture nuanced emotional states, highlighting the culturally embedded ways emotion is expressed. These findings support the notion that affective expression in suicidal ideation is not monolithic but linguistically dynamic

(Nirmeen, 2020; Sazzed, 2023; 2024), oscillating between universality (common emotional themes) and individuality (personal linguistic choice).

From a clinical standpoint, the frequency of adjectives provides a quantifiable reflection of affective burden and variation in emotional stance. High-frequency negative adjectives may serve as linguistic indicators of entrenched distress (Taboada et al., 2017; Chang et al., 2023), while sporadic positive or neutral adjectives can point to temporary affective shifts or coping efforts (El Haj et al., 2020; Mitchell, 2021). Monitoring such lexical frequencies in therapeutic writing could, therefore, offer clinicians a supplementary tool for gauging emotional fluctuation, identifying ambivalence, and tracking therapeutic progress over time. By combining linguistic evidence with psychological interpretation, this study demonstrates how quantitative lexical analysis can enrich our understanding of affective expression in suicidal ideation, offering both empirical and clinical value.

5. Conclusion

As this study examined the adjectives used by psychiatric patients with suicidal ideation in their therapeutic journals, the quantitative analysis revealed that negative adjectives such as *alone*, *sad*, *anxious*, and *penat* occurred most frequently. This indicates that emotional distress and isolation are central themes in patients' self-expression. Meanwhile, the intermittent appearance of positive adjectives such as *happy* and *good* reflected brief or aspirational moments of hope, illustrating the ambivalence that often characterises suicidal ideation.

These findings suggest that adjective frequency can serve as a lexical indicator of affective states, offering insight into how individuals articulate their internal struggles through language. From a clinical perspective, analysing such lexical markers may help mental health practitioners identify emotional fluctuations, gauge psychological distress, and enhance therapeutic engagement. Overall, this study demonstrates the potential of quantitative linguistic analysis to complement psychological assessment, deepening our understanding of the emotional dimensions of suicidal ideation and highlighting the value of language as both data and expression in mental health research.

This study is limited by its small sample size, as only four therapeutic journals were available for analysis. While these journals provide valuable insights into affective expression among patients with suicidal ideation, the findings may not be fully representative of broader linguistic or cultural variations. Additionally, the study's reliance on written data excludes other forms of communication, such as spoken interactions, which may convey emotional nuance differently. The manual identification of adjectives, though cross-checked for reliability, also introduces potential subjectivity in classification.

Future research could expand the dataset by incorporating a larger and more diverse sample across different clinical contexts, languages, and cultural backgrounds. Combining quantitative lexical analysis with qualitative discourse or conversation analysis could provide a more holistic understanding of emotional expression in suicidal ideation. Longitudinal studies might also explore how adjective use evolves throughout treatment, offering insight into recovery trajectories. Integrating computational linguistic tools, such as sentiment or emotion analysis software, could further enhance precision and scalability in analysing affective language in therapeutic writing.

Ethics Approval and Consent to Participate

The researchers used the research ethics provided by the Research Ethics Committee of Universiti Teknologi MARA (REC UiTM) (Ref. No: REC/09/2021 (MR/813)). All procedures performed in this study involving human participants were conducted in accordance with the ethical standards of the institutional research committee. Informed consent was obtained from all participants according to the Declaration of Helsinki.

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Conflict of Interest

The authors report no potential conflict of interest regarding this study in terms of the research, or publication of this article.

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