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DEPRESSION AND ANXIETY LEXICON IN ENGLISH: THE LINGUISTIC RELATIONSHIP BETWEEN SPECIALIZED TERMINOLOGY AND GENERAL VOCABULARY

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Abstract: This article examines the linguistic relationship between the specialized terminology of depression and anxiety and the broader English lexicon. It asks how the same lexical forms operate as clinical labels, descriptions of subjective experience, and resources in everyday interaction. The study uses a qualitative, theory-guided lexical-semantic approach. Illustrative English expressions are examined alongside international clinical nomenclature and prior corpus-based and interactional research; no new frequency counts or clinical data are claimed. The analysis identifies five connected features: context-dependent polysemy, terminological specialization through collocation and modifiers, pragmatic ambiguity in first-person statements, metaphorical framing, and semantic change across public and clinical discourse.

Keywords: depression; anxiety; medical terminology; general vocabulary; lexical semantics; semantic change; mental-health discourse

1. Introduction

Words associated with mental health circulate across clinical practice, academic research, journalism, social media, and everyday conversation. In each setting, they help speakers name experiences, explain behaviour, seek assistance, or describe social problems. Yet the meaning of a word used in ordinary conversation may not be identical to its meaning in a diagnostic classification. The English nouns *depression* and *anxiety* provide a particularly clear illustration of this overlap. They can refer to recognized mental-health conditions, but they can also describe an economic downturn, a lowered physical surface, apprehension before an event, or a temporary feeling of sadness and worry.

The distinction is not merely lexical. When a speaker says, “I am depressed,” a listener cannot determine from that sentence alone whether the speaker is reporting a diagnosed depressive disorder, describing a difficult day, using an intensifying expression, or inviting emotional support. Similarly, “I have anxiety” can be a report of a diagnosis, a broad account of recurring distress, or a less technically precise way of describing worry. Meaning emerges from the lexical item in combination with its grammatical form, collocations, discourse setting, and communicative purpose.

The World Health Organization differentiates depressive disorder from ordinary mood changes and short-lived emotional responses, while its ICD-11 clinical guidance provides standardized descriptions for professional assessment (World Health Organization [WHO], 2024). Linguistically, this creates a productive research question: how do terms designed to classify clinically significant conditions interact with the general vocabulary through which people describe everyday emotional life? The question has become more salient as corpus studies have

examined the changing semantic severity and cultural framing of terms such as *depression* and *anxiety* (Pisl et al., 2025; Xiao et al., 2023).

The aim of this article is to describe the lexical-semantic interface between depression- and anxiety-related terminology and general English vocabulary. It addresses three questions: (1) What linguistic features distinguish explicit clinical labels from everyday emotional descriptions? (2) How do context, collocation, and metaphor contribute to meaning? (3) What does the exchange between clinical and general language imply for semantic change and responsible communication?

2. Theoretical Background

2.1. Terminology and general vocabulary

Specialized terminology is often expected to support conceptual precision within a domain. Clinical terms are tied to definitions, diagnostic criteria, and professional practices; their use is therefore constrained by an institutional and epistemic context. General vocabulary, by contrast, normally allows greater variation, figurative extension, and dependence on speaker intention. Terminology theory nevertheless treats specialized language as part of natural language rather than as an entirely separate code. A lexical form may acquire a specialized meaning while retaining other meanings in non-specialized contexts (Cabré, 1999).

The distinction is therefore best understood as a difference in use and conceptual constraint, rather than a simple division between two groups of words. A word does not become a clinical term in every sentence merely because it is also listed in a diagnostic manual. Conversely, a common lexical item may function terminologically when it is used within a defined diagnostic phrase, such as *depressive episode* or *generalized anxiety disorder*. Terminological status is strengthened by explicit definition, stable institutional use, and conventionalized combinations with other words.

2.2. Polysemy, context, and semantic change

Polysemy refers to the association of one lexical form with related or historically connected senses; homonymy, in contrast, involves forms with distinct meanings that are not necessarily related. For the present analysis, it is sufficient to note that *depression* has established meanings in psychology, economics, and the description of landforms, while *anxiety* can denote a general state of apprehension or be part of a clinical diagnostic label. The intended sense is usually recoverable from surrounding lexical items and the wider discourse.

Semantic change may involve broadening, narrowing, increased evaluative intensity, or a shift in the situations in which an expression is used. Haslam (2016) uses the concept of *concept creep* to describe the expansion of harm-related concepts to cover a wider range of phenomena or less severe examples. Applied to mental-health language, this idea raises the possibility that diagnostic vocabulary may increasingly be used for everyday distress. However, this cannot be assumed from isolated examples: changes need to be investigated empirically and distinguished from greater public awareness, changes in media coverage, and shifts in social attitudes.

3. Materials and Method

The article adopts a qualitative, theory-guided lexical-semantic design. Its primary objects of analysis are the English lexical items *depression*, *depressed*, *depressive*, *anxiety*, and *anxious*, together with representative phrases such as *depressive disorder*, *depressive episode*, *anxiety disorder*, *generalized anxiety disorder*, *feeling depressed*, and *anxious about an examination*.

These examples are used to demonstrate semantic and pragmatic contrasts; they are not presented as a statistically representative corpus.

The analysis is informed by three types of secondary material: (a) WHO clinical descriptions and diagnostic guidance for standardized clinical distinctions (WHO, 2024); (b) corpus-based studies of historical semantic change in depression- and anxiety-related vocabulary (Pisl et al., 2025; Xiao et al., 2023); and (c) interactional research on the use of depression labels in everyday accounts of low mood (Bröer & Besseling, 2017). The sources were selected for their direct relevance to diagnostic language, semantic change, and ordinary interaction.

Each example was examined using five analytical dimensions: referential specificity (clinical condition, symptom, or everyday state); collocational pattern (words that regularly accompany the lexical item); register and genre (clinical, academic, journalistic, or conversational); pragmatic function (reporting, evaluation, emphasis, or seeking support); and possible semantic extension. The procedure is interpretive rather than quantitative. Consequently, the article does not calculate frequencies, estimate the prevalence of any condition, or claim that the illustrative expressions capture all varieties of English.

4. Analysis and Discussion

4.1. Polysemy and domain-dependent meaning

The word *depression* demonstrates how a single form participates in several semantic domains. In *economic depression*, the modifier identifies a macroeconomic condition. In *a depression in the surface*, the word denotes a physical hollow or lowered area. In mental-health discourse, it may refer to a general mood state, a cluster of symptoms, or a formally recognized depressive disorder. These readings differ in their conceptual referents and in the evidence required to justify them.

The same contextual principle applies to *anxiety*. In *anxiety before an examination*, the noun may denote an understandable response to an anticipated challenge. In *generalized anxiety disorder*, it forms part of a diagnostic label whose scope is constrained by clinical criteria. Therefore, the appearance of *anxiety* in a sentence does not, in itself, establish that a disorder is being discussed. The surrounding phrase, genre, and communicative setting are crucial to semantic interpretation.

Adjectival forms introduce further distinctions. *Depressed* can describe a person's reported mood, a clinically relevant presentation, or a non-psychological state in expressions such as *a depressed market*. *Depressive* is more strongly associated with clinical or technical constructions, as in *depressive symptoms* and *depressive episode*, although it also appears in broader analytic prose. *Anxious* commonly describes a feeling or disposition, as in *an anxious student*, and does not automatically encode a diagnostic category.

4.2. Collocation and terminological specialization

Clinical specificity is often built through multiword expressions rather than through the head noun alone. Compare *depression* with *depressive disorder*, *depressive episode*, and *symptoms of depression*. The longer expressions restrict interpretation by identifying a disorder category, an episode, or observable/reported features. Similarly, *anxiety*, *anxiety symptoms*, *anxiety disorder*, and *generalized anxiety disorder* differ in how strongly they classify the referent. This is an instance of terminological specialization through collocation and modification. The distinction can be summarized as follows:

Expression	Typical interpretive range	Linguistic signal
depression	Clinical condition, low mood, or a non-psychological sense	Strongly context-dependent polysemy
feeling depressed	A speaker's reported state; diagnosis is not entailed	Experiential, first-person framing
depressive episode	A clinically defined episode when used diagnostically	Specialized noun phrase
anxiety before an exam	Anticipatory worry in a specific situation	Situational complement
anxiety disorder	A recognized diagnostic category in clinical context	Explicit classificatory construction
worried / nervous / uneasy	Everyday affective descriptions with different nuances	General emotional vocabulary

This table is illustrative rather than exhaustive. The central point is that diagnostic precision is distributed across phrases and contexts. It does not reside in a single word independently of its use. In clinical documents, standardized diagnostic labels are intended to support consistent classification; in everyday speech, speakers may use the same roots more flexibly and without the intention of making a diagnosis (WHO, 2024).

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