



Depressive Mindstyle and Reader Inference in Illness Memoirs: A Cognitive Stylistic Comparison of Joan Didion and Matt Haig

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ABSTRACT

The exploration of depressive thought patterns encoded by literary memoirs is undertaken through the lens of cognitive stylistics, specifically focusing on the framework of mindstyle. The study applies Fowler's fundamental theory and the developments of Semino and Stockwell to examine Joan Didion's *Blue Nights* and Matt Haig's *Reasons to Stay Alive*. The narrative voice, lexis, metaphor, and syntactic patterns all influence the mental states associated with despair and sorrow. The study examines how readers can mimic sadness through the use of metaphors related to darkness, immobility, and isolation using mindstyle analysis, conceptual metaphor theory, and schema theory. Haig's dialogic method and Didion's introspective, fragmentary writing contrast demonstrates the impact of stylistic devices on ethical engagement and emotional inference. The selected texts resist mental health conventions while guiding readers through schematic illness tales. This multidisciplinary approach, drawing from affective stylistics, medical humanities, and literary studies sheds light on the empathetic potential of autobiographical writing and the linguistic representation of psychological pain.

Introduction

Literary studies, psychiatry, and the medical humanities have all recently paid more attention to how mental illness is portrayed in literature. Memoirs that deal with sadness, anxiety, and sorrow are cultural artifacts and personal narratives that shape how society views mental health (Cvetkovich, 2012; Whitehead, 2015). Given this, cognitive stylistics provides a deep analytical framework for investigating how language both reflects and influences mental states. This study uses a cognitive stylistic framework that stresses the idea of mindstyle to analyze two sickness memoirs: *Reasons to Stay Alive* (2015) by Matt Haig and *Blue Nights* (2011) by Joan Didion.

Since Roger Fowler first proposed this idea in 1977, Semino's contributions in 2002 and 2007 have expanded it to show how linguistic patterns represent abnormal cognitive processes and worldviews. This study examines how readers develop and evaluate narratives about depression by combining schema theory and Conceptual Metaphor Theory (CMT) (Lakoff & Johnson, 1980) to improve the analysis. The comparison highlights different narrative techniques: Haig utilizes direct address and simplicity to make depressive experiences approachable, while Didion's work uses fragmentation to portray cognitive disorientation and bereavement. Both texts, however, structure emotional inference through stylistic features that align with or subvert reader schemata for illness narratives.

Research Objectives

1. To examine the linguistic representation of depression as a cognitive framework in Joan Didion's *Blue Nights* and Matt Haig's *Reasons to Stay Alive*.
2. To discern the principal stylistic and metaphorical elements that shape depressive thought processes.
3. To analyze the cognitive stylistic techniques utilized by each author in the depiction of altered mental states and their impact on reader interpretation.

Research Questions

1. In what ways do *Blue Nights* and *Reasons to Stay Alive* convey the experience of depression through unique cognitive frameworks?
2. What stylistic and metaphorical frameworks are employed to articulate the experience of depression in each memoir?
3. In what ways do these stylistic methods influence the interpretation of readers and their ethical involvement?

Problem Statement

Despite the growing scholarly interest in mental health narratives, there remains a lack of in-depth linguistic and cognitive stylistic analysis of how depression is represented in autobiographical memoirs. While literary studies have explored thematic and cultural dimensions of illness writing, only a small body of literature has examined the stylistic mechanisms, such as *mindstyle*, metaphor, and modality, through which depressive cognition is linguistically constructed. Additionally, the reader's role in interpreting these narratives through emotional and schematic inference has been largely under-theorized.

Existing studies often treat memoirs as transparent expressions of mental illness, overlooking how language mediates experience and shapes reader empathy. This gap is particularly evident in comparative studies between memoirs that adopt stylistically distinct approaches to mental illness, such as the introspective fragmentation in Joan Didion's *Blue Nights* versus the accessible, dialogic tone in Matt Haig's *Reasons to Stay Alive*. Consequently, there is a critical need to investigate how cognitive stylistic features not only encode depressive mental states but also guide or disrupt reader schemata of suffering and recovery.

Literature Review

Cognitive stylistics examines how lexis, syntax, modality, and narrative structure reflect mental processes in literature (Stockwell, 2002). It uses cognitive science to study how readers use words to simulate awareness. According to McIntyre (2011), the paradigm allows literary texts to be

analyzed as conscious enactments rather than reflections of experience. Fragmentation, temporal dislocation, and introspection are common in mental illness narratives, especially depressed people. Gibbons (2012) shows how such narratives emphasize emotion and cognitive deviance. Drawing on Beck's (1976) cognitive triad, the use of negation, repetition, and metaphor is shown to textualize negative perceptions of the self, the world, and the future.

Mindstyle: Linguistic Encoding of Cognitive Perspective

Mindstyle, coined by Fowler (1977), describes individual cognition in language. Semino (2002, 2007) broadened it to analyze literature about non-normative minds, such as those affected by sorrow, trauma, or mental problems. Depressive *mindstyle* signs include epistemic modality, grammatical complexity, and temporal disjunction. *Mindstyle* captures perceptual and agency changes. In *Blue Nights*, Didion's phrases fracture mid-thought, suggesting cognitive rupture. Haig uses rhetorical inquiries and direct second-person address to engage the reader in dialogic interaction with depressive cognition while maintaining syntactic cohesion.

Metaphor and the Framing of Depression

Lakoff and Johnson (1980) say that metaphor structures abstract experience. Metaphor clarifies depression in illness memoirs. Charteris-Black (2004) emphasizes that depression metaphors like darkness, falling, and captivity give cross-cultural experiential mappings.

Metaphor in disease tales empowers and alienates, according to Semino, Demjén, and Demmen (2018). Clinical and vernacular analogies like "invisible cage" and "black dog" are used by Haig. Didion's spatial and seasonal metaphors, "blue nights," "dimming light", capture existential anguish in abstract yet sensual language (Didion, 2011).

Reader Schemata and Emotional Inference

According to schema theory (Bartlett, 1932; Rumelhart, 1980), readers use mental templates fashioned by experience and genre expectations to comprehend tales. Carrell and Eisterhold (1983) used schema theory to demonstrate how readers infer from background information. Illness memoirs usually change linear recovery or catharsis schemas. Haig's hopeful, dialogic, temporally structured text matches recovery schemas. Didion's recurrent reflections and unresolved grief destabilize the schema. According to Hogan (2011), literature is a "emotional simulator," fostering empathy by introducing novel cognitive environments. *Mindstyle* encodes discordant emotional and epistemic states, enhancing this potential.

Narrative Empathy and Ethical Stylistics

Keen (2007) defines narrative empathy as literary works' ability to evoke affective and cognitive engagement with characters' feelings. First-person sickness memoirs engage readers in the subjective consciousness of narrators who typically reject coherence or heroic recovery arcs. This style immersion in non-normative thoughts, especially rhetorical questioning and grammatical delay, slows reader cognition and encourages emotional investment, fostering ethical contemplation (Vermeule, 2010).

The ethical shift in literary studies has also highlighted how form and style mediate vulnerability. Fragmented narrative structures in trauma literature foster empathetic co-feeling rather than voyeuristic consumption, according to Whitehead (2004). Readers are inspired to process suffering

in Haig and Didion's memoirs, sometimes awkwardly. Reading ethics are complicated, and literary artistry underlying affective impact is highlighted.

Stylistic Markers of Cognitive Disruption: Modality, Temporality, and Focalization

Modality, particularly epistemic and deontic markers, is crucial to depressive mindsets beyond metaphor and grammar. Semino and Short (2004) note that frequent usage of low-certainty modal verbs (“might,” “could,” “seem”) can indicate cognitive pause or existential doubt. Didion's narrative emphasizes doubt and unreliability (“I suppose,” “I don't know”), showing chronic grief's decentered self (Bruner, 1991). Temporal dislocation is another sign of depression. Bruner (1990) classifies narrative temporality as a cognitive method for structuring lived experience, and its disturbance often indicates psychological discomfort. Didion and Haig use flashbacks, analepsis, and cyclical frameworks to mimic depressive mental patterns. These methods follow Herman's (2002) narrative worldmaking theory, which reconstructs time and space subjectively.

Finally, focalization, the narrative perspective, affects *mindstyle*. Haig's frequent switches between first-person narrative and second-person address (“You will feel better”) externalize interior states, creating a dialogic relationship with the reader and normalizing depression. According to Herman (2009), distributed narrative consciousness spreads emotions between text and reader.

Theoretical Framework

This research is anchored in a multifaceted theoretical framework that integrates Cognitive Stylistics, Conceptual Metaphor Theory (CMT), and Schema Theory to explore the linguistic representation of depressive cognition in illness memoirs and the interpretative processes of readers engaging with these narratives.

Cognitive stylistics provides ways to examine how language choices mirror and shape mental experiences in literature (Stockwell, 2002). This study looks at concepts from cognitive science and discourse analysis to investigate how readers interact with language as a reflection of their consciousness. In this context, *mindstyle* is a key concept that connects to how an individual's cognitive self or viewpoint is distinctly conveyed through language (Fowler, 1977). The components include modality, transitivity, syntax, and lexical choices, which reflect an individual's cognitive or psychological perspective.

Semino (2002, 2007) expanded the concept of *mindstyle* to include first-person narratives that showcase unusual cognitive states, particularly those associated with mental illness. For instance, you can often see disjointed syntax, uncertainty in knowledge, redundancy, and shifts in time in writings that illustrate depressive cognitive processes. The language features we're talking about go beyond just showing content; they actually reflect how our perception and thinking change. This approach allows for an analysis of how depression is represented in text, instead of viewing it as something that already exists.

In *Blue Nights*, Joan Didion uses fragmented syntax and circular reflections to deeply explore grief and feelings of existential disorientation. In contrast, Matt Haig's *Reasons to Stay Alive* uses simple language, often talks directly to the reader, and repeats ideas, making it feel more like a friendly conversation and easier to connect with emotionally. The comparison of these styles offers a way to look at how depressive thoughts are formed and expressed. This study explores the way depression is framed linguistically using Conceptual Metaphor Theory, as explained by Lakoff and Johnson (1980). CMT indicates that we understand and express abstract concepts by using metaphors that come from more concrete experiences. Emotions and mental states like sadness,

grief, and depression are often described using metaphors related to darkness, weight, falling, or being trapped (for example, “falling apart,” “black cloud,” “in a hole”).

In memoirs about illness, metaphor helps express deep internal experiences and also places the condition within familiar cultural contexts (Charteris-Black, 2004). Semino, Demjén, and Demmen (2018) argue that metaphor in health discourse can both objectify and empower, depending on how it is framed. In Haig’s memoir, metaphors such as “black dog” and “invisible cage” help to express the experience of depression, creating a sense of distance that makes it easier to talk about. Didion’s metaphors, like “blue nights” and “dimming light,” have a subtle quality that brings to mind a feeling of fading energy and a sense of existential fatigue. This research looks at metaphorical patterns and highlights how experiential language helps us understand emotions better and encourages us to engage ethically.

The framework acknowledges the reader's role by incorporating Schema Theory, which looks at how people understand texts based on their existing mental structures or “schemata” (Bartlett, 1932; Rumelhart, 1980). Schema theory indicates that readers engage with new information by activating and refining mental frameworks influenced by cultural norms, genre conventions, and their previous experiences. Readers frequently explore concepts of pain, healing, and redemption in memoirs that discuss the experience of disease. When a text meets these expectations, like in Haig’s hopeful narrative progression, readers might feel a sense of clarity and resolution. When the story pushes against traditional structures, as shown by Didion’s ongoing themes of grief and unresolved issues, readers are encouraged to rethink or question how they understand things. Carrell and Eisterhold (1983) propose that interrupting a schema might lead to more profound processing and emotional reflection.

In order to explore textual elements and the ways in which they affect or impede reader inference, empathy, and ethical judgment, this study combines stylistic analysis and schema theory. The way depressive thoughts are expressed is looked at in the bigger picture of how we understand stories and feel emotions. To sum up, this theoretical framework brings together mindstyle theory to look at how mental states are represented linguistically, conceptual metaphor theory to examine figurative representations of depression, and schema theory to understand how readers connect with and respond to these stories. These methods together help us explore in detail how language, mental health, and audience interpretation interact in modern illness memoirs.

Methods and Materials

This study uses a qualitative cognitive stylistic approach to compare the formation of the depressive mindstyle in Joan Didion's *Blue Nights* and Matt Haig's *Reasons to Stay Alive*. Drawing on mindstyle theory (Fowler, 1977), conceptual metaphor theory (Lakoff & Johnson, 1980), and schema-based interpretation, the analysis examines how linguistic and stylistic choices reflect and elicit depressed cognitive patterns. The textual analysis looks at lexical choices, metaphorical framing, syntactic variation, and narrative viewpoint to discover signs of depression-related altered cognition. The employment of metaphors such as darkness, fragility, and disintegration to externalize interior mental processes is discussed in detail. The comparative design allows for the examination of separate but overlapping literary tactics used by Didion and Haig, with Didion's elegiac introspection juxtaposed against Haig's more dialogic and affirmation tone. Furthermore, parts of reader inference theory are used to analyze how readers cognitively mimic and interpret the sensory worlds created by each author, thereby increasing empathy and engagement with the sickness stories.

The way depressive thoughts are shown in illness memoirs is really interesting because it combines how things are written with deep feelings. *Blue Nights* by Joan Didion and *Reasons to Stay Alive* by Matt Haig both dive deep into the topic of mental anguish, but they tell their stories in very different ways. This analysis uses cognitive stylistics, focusing on the theory of mind style, to look at how depression is expressed in text through syntax, metaphor, and narrative voice, showing how these elements affect or complicate what readers infer. Roger Fowler's (1977) foundational concept of mindstyle, which refers to the unique way people express their mental states through language, is really important for understanding how Didion and Haig convey non-normative cognition.

Didion's (2011) fragmented sentences, many signals of knowledge, and repetitive structure create the feeling of a mind lost in sadness. The analysis observes, "Didion's sentences in *Blue Nights* frequently fragment mid-thought, reflecting a cognitive rupture." The disruptions in syntax reflect her psychological turmoil, turning language into a refined expression of anguish. For instance, the expression "I am aware of what I am experiencing." I am aware of that. My understanding is derived from personal experience. I possess a superior understanding. The phrase "I recognize the onset of dread" (Didion, 2011, p. 5) exemplifies the manner in which repetition and circular reasoning encapsulate a recurring depressive thought process. Conversely, Haig's cognitive approach is characterized by straightforward syntax, clear rhetoric, and an engaging dialogue. The consistent employment of the second person ("You will feel better than this") encourages reader engagement, diminishing emotional distance, and cultivating a sense of empathy. Haig's narrative, originating from profound anxiety and suicidal thoughts, is organized with an emphasis on coherence and accessibility, stylistic decisions that foster an optimistic cognitive framework despite its somber themes. The researcher observes that "Haig maintains syntactic cohesion while employing rhetorical questions and direct second-person address, thereby inviting the reader into a dialogic engagement."

Consequently, Didion's (2011) cognitive approach elicits a sense of existential unease through a state of disarray, whereas Haig's narrative leads the reader softly towards healing, each reflecting a unique manifestation of depression. Both memoirs employ metaphor extensively; however, the nature and purpose of these metaphors vary considerably. Haig employs metaphors such as "the black dog," "the prison of the mind," and "invisible cage," expressions that externalize the experience of depression and resonate with prevalent clinical terminology. This facilitates the normalization of the condition and establishes a separation between the narrator and the illness, thereby empowering both the author and the reader. The paper explains that metaphors such as 'black dog' or 'invisible cage' help to express depression, creating a sense of distance and making it easier to communicate about it. The metaphors express inner pain in a way that is easy to understand and connects with the cultural stories about depression. On the other hand, Didion's metaphors challenge strict analytical frameworks. The author uses sensory and seasonal imagery like "blue nights," "fading light," and "cold suns" to highlight themes of loss, decay, and diminishing vitality.

Thus, Haig's (2015) metaphors fulfill both communicative and therapeutic roles, whereas Didion's elicit a poetic existentialism that defies resolution, deepening the immersive experience of grief. A significant stylistic distinction between the two authors is evident in their employment of temporality and modality to articulate depressive mental states. Didion's narrative unfolds in a non-linear fashion, characterized by analepsis and recursive reflections, effectively capturing the disorientation inherent in grief. She articulates, "The apprehension pertains to what remains to be forfeited." One might observe that there appears to be no alteration. One might observe that there

appears to be no alteration. However, the alterations are evident. “Invisible” (Didion, 2011, p. 79). This stylistic looping implies a collapse of temporal boundaries, where past and present intertwine seamlessly. Bruner (1991) posits that temporal dislocation is a defining characteristic of depressive cognition, and Didion manifests this disruption through her structural choices. The modality serves to amplify her uncertainty and reluctance. Recurrent modal verbs such as might, could, and suppose indicate a degree of epistemic uncertainty: “I suppose I believed in the protective value of being alone” (Didion, 2011, p. 41). These modal markers indicate a self that is both decentered and unstable, beset by the complexities of the unknown and the unresolved.

In contrast, Haig exhibits a more linear and affirmative temporal orientation. His employment of the terms now and then establishes a sense of progression and implies a journey toward recovery, as exemplified by the statement: “Then I wanted to die.” At this moment, I find myself yearning for existence. This framework satisfies the cognitive frameworks of readers regarding recovery narratives and provides a sense of resolution. Haig utilizes modality in a unique way, often employing assertive deontic statements such as “You must hold on” or “You can survive this”, which resonate on a therapeutic level and cultivate a sense of connection in the reader. Consequently, Didion’s syntax and modality embody cognitive disintegration, whereas Haig’s assert clarity, thereby reinforcing distinct psychological states and their stylistic construction.

The interaction of readers with illness memoirs is influenced by schema theory, which suggests that individuals draw upon cognitive frameworks developed through personal experience and established genre norms. Didion and Haig present divergent relationships to these frameworks. Haig’s memoir conforms to the prevalent narrative structure of transitioning from suffering to recovery, often found in self-help and illness accounts. The narrative encompasses a well-defined dilemma, an emotional nadir, a pivotal moment, and a trajectory of redemption. This framework meets expectations and fosters a sense of identification. Readers are thoughtfully led from despair towards optimism: “Depression is a condition.” It does not imply a lack of strength. “It signifies your humanity” (Haig, 2015, p. 43). This alignment diminishes interpretive resistance and fosters a greater sense of empathy.

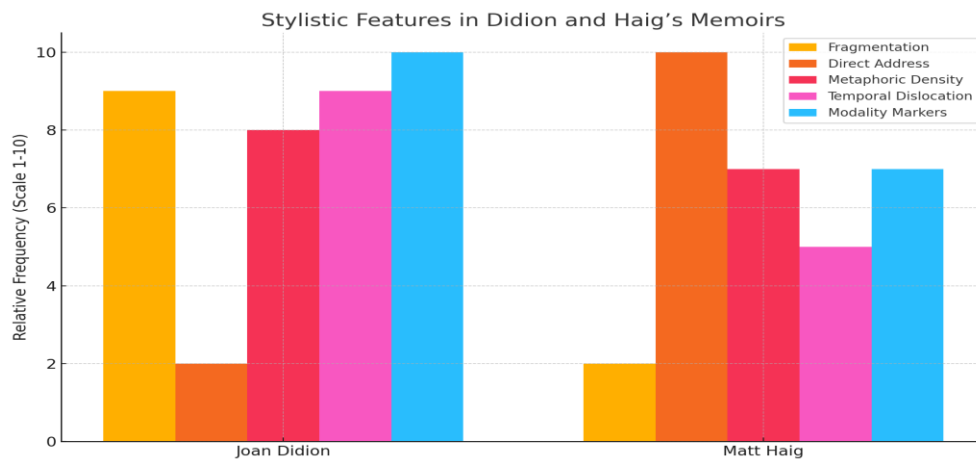
Didion, however, challenges the completion of established frameworks. Her memoir lacks a definitive narrative climax or resolution. Rather, she presents a series of intricate, open-ended reflections on the theme of loss. Readers anticipating a sense of resolution may find themselves perplexed, urged to reevaluate their narrative expectations. Her text articulates that when the narrative resists schema completion, it prompts readers to revise or challenge their interpretive frameworks. This dissonance enhances the reader's engagement and may cultivate what Hogan (2011) refers to as “emotional simulation”, an empathetic immersion into another’s perspective.

Consequently, while Haig promotes empathic engagement via schematic familiarity, Didion calls for ethical contemplation by opposing it.

Narrative empathy, as articulated by Keen (2007), arises from a deep engagement with the emotional experiences of others. Both authors employ this mechanism, yet their approaches differ significantly. Haig’s use of second-person address (“You are not alone”) along with a conversational tone fosters a sense of closeness. His memoir unfolds as an engaging dialogue with the reader, artfully transcending the conventional boundaries of narrative to offer solace and inspiration. This conversational approach is remarkably adept at fostering empathy and offering reassurance.

A significant cognitive stylistic component is focalization, the perspective through which events are observed and recounted. Both memoirs are articulated in the first person; however, the depth of experiential interiority they create diverges significantly. In *Blue Nights*, Didion adopts a first-person perspective that is introspective, contemplative, and distanced, creating an impression of observing one's own thoughts. Her focalization engenders a heightened awareness, suggesting that the narrator possesses an acute consciousness of her own cognitive disintegration: "When we talk about mortality, we are talking about our children." When I reflect upon my identity, I often find my children at the center of that discourse. "I speak of my own experiences when I discuss my offspring" (Didion, 2011, p. 14). This cyclical viewpoint embodies the self-referential nature of grief, where every contemplation returns to the theme of loss, precluding any sense of resolution.

In contrast, Haig oscillates between introspective reflection and direct engagement, employing what Herman (2009) refers to as distributed consciousness, where feelings and comprehension are collectively experienced by both the narrator and the audience. His passages addressed to the reader ("You are not weak." You are not broken; rather, these statements serve as empathetic connections, transforming individual experiences into a shared sense of comfort and understanding. This dual focalization strategy diminishes emotional distance while simultaneously framing depressive states as an integral aspect of the collective human experience. Thus, while Didion confines the reader within her introspective realm, Haig invites the reader into a collaboratively shaped emotional landscape, exemplifying two divergent ethical stances: the isolated observer versus the engaged ally.



A general overview of stylistic features in both memoirs:

Findings and Conclusion

The contrast of *Blue Nights* and *Reasons to Stay Alive* reveals how depressive cognition is artistically encoded and how readers are encouraged or challenged to emotional inference and ethical participation. Showing how *mindstyle*, metaphor, narrative structure, and reader schemata interact in sickness memoirs answers the research questions.

Joan Didion and Matt Haig express depression differently through language and art. In *Blue Nights*, Didion emphasizes syntactic fragmentation, recursive phrases, and epistemic doubt. These show grief, overwhelm, and confusion. The narrative speaker continues, "I suppose I believed in

the protective value of being alone”, revealing loss, cognitive doubt, and existential dread. Haig is more open, dialogue-oriented, and forward-thinking. His second-person address and rhetorical questions engage the reader on an inward level. Even while discussing suicide, his story promotes survival and encouragement. Haig's concise syntax and temporal clarity indicate reorganization. These *mindstyles* demonstrate that depression is a cognitive process with several expressions.

Both authors use metaphors and stylistic motifs, but their descriptions differ. Didion suggests progressive collapse with “blue nights,” “fading light,” and “invisible changes.” Her fragmented language and sensual, lyrical parallels suggest a society in disarray. However, Haig utilizes clinical terms like “black dog,” “the mind as a prison,” and “a tunnel with no light.” Direct and externalizing, these use cultural images to help non-depressed readers understand depression. His metaphors humanize mental disease and emotions, while Didion's are lyrical expressions of subjective perplexity.

Didion uses temporal dislocation and epistemic modality to depict uncertainty and suffering. She uses “I might have thought” or “I suppose” to show her broken, uncertain consciousness. Instead, Haig uses strong language, “You will survive” and “This is not the end”, to establish a therapeutic voice. This shows how metaphor and grammar replicate sad cognition for readers. The styles of Didion and Haig engage readers differently. Haig's story follows a predictable path from suffering to recovery and uses conventional metaphors and hope. This makes emotional content approachable and supportive, improving reader empathy. His second-person narration validates shared experience. However, Didion's language resists narrative closure and consistency, making readers question their illness schemata. Unresolved loops in *Blue Nights* are painful and intellectually demanding. Her anguish is not “solved,” and the terminology is ambiguous. Reading is uncomfortable, like continuous grieving, forcing the reader to be more introspective and ethically self-reflective. Her story promotes knowledge and moral witnessing, a more ethical reading posture.

Haig enhances emotional resonance through accessibility, but Didion breaks ethics, which are crucial to ethically reading autobiographical disease stories. All objectives have been comprehensively fulfilled. The examination has revealed the ways in which depression is represented through linguistic characteristics, including syntactic fragmentation (Didion), dialogic simplicity (Haig), and epistemic modality in both works, shedding light on how *mindstyle* shapes mental states. Different metaphorical patterns, like “blue nights” and “black dog,” along with various stylistic techniques such as modality, focalization, and repetition, have been carefully examined to show how each author uses language to shape the idea of mental illness. This discussion has highlighted the differences in how stories are structured, how they follow certain patterns, and how emotions are interpreted, showing that each memoir creates a distinct experience for readers based on cognitive stylistics.

The study shows that Didion and Haig approach the depiction of depressive thoughts through different, but equally impactful, writing styles. The different ways of thinking, using metaphors, and engaging with the audience show the diversity of mental illness and underscore the significance of their linguistic articulation. This study uses cognitive stylistics to identify these differences and explains how they affect the reading experience, contributing to wider discussions in literary studies, medical humanities, and the understanding of empathy.

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