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“Kids… can you please understand us (parents)?”: The relationships between linguistic strategies and identities of parents with major depressive disorder from storytelling in the interview discourse

Siravast Kavilanan[a], Wuttinun Kaewjungate[b,*]

[a] *Department of Thai Language, School of Liberal Arts, University of Phayao, Mueang, Phayao 65000, Thailand*
[b] *Department of Thai Language, Faculty of Humanities, Kasetsart University, Chatuchak, Bangkok 10900, Thailand*

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Abstract

The purpose of this research paper is to study the relationships between linguistic strategies and identities of parents with major depressive disorder from storytelling in the interview discourse. The data were collected by interviewing 5 parents with major depressive disorder using the concepts of discourse analysis and pragmatics as the research conceptual framework. The results showed that the parents with major depressive disorder used 8 linguistic strategies, namely lexical choice, metaphor, parallel structure, repetition, fallacy, expectation, self-questioning and conversational implicature. These linguistic strategies are related to two identities of the parents with major depressive disorder. Therefore, children have to understand the parents who are suffering from depression in order not to let it become the medical and public health problem that is related to national development.

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Introduction

Depression is a psychiatric disease that affects the mental health. Nowadays, many people around the world are facing this problem. The World Health Organization (WHO) estimates that, in the future, depression will be a public health problem in every country because it is a chronic problem that affects people’s lives and quality of life more than any other disease (Chanapan, 2013; Wongsuraprakit & Santiprasitkul, 2012). However, not only children or adolescents suffer from depression, but parents, who play an important role in the family, also do. Sangon, Sampao, and Matathum (2007) and Wongpanarak and Chaleoykitti (2014) stated that feeling worthless, lonely or abandoned are major causes that affect the state of mind of the parents, causing them to become depressed. Therefore, loneliness and family relationships are the important variables influencing depression.

However, because the symptoms and severity of each patient are different, it is difficult to observe from external symptoms to determine if a person is suffering from depression or not. In addition, the symptoms of illness may not show in some patients. Therefore, being open-minded, talking and listening to family members are the ways to get

* Corresponding author.
E-mail address: wuttinun1986@gmail.com (W. Kaewjungate).

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to know the feelings and the thinking of patients with major depressive disorder. (ISTRONG: Mental Health Solutions, 2019) For this reason, the interview with patients with major depressive disorder who have a role as parents was employed in this research. It is hoped that the language used by the patients to tell their own stories will convey some identities of parents with major depressive disorder. Giddens stated that life storytelling is an important tool in establishing identities. The narrators will use the process of self-reflection to review their lives consciously until they can understand and compile the stories from their own experiences together (Barker, 2012; Phakdeephasook, 2018). For example, one sample said "Sometimes, I earn income. I can't even walk. Sometimes, when I go to work, I have leg pain. With money I have earned, I sometimes give 40 baht a day to my two little grandchildren." It can be seen that the patient used the word "sometimes", which is the use of parallel structure, followed by the incidents happening with the patient. This indicates that the patient is the person who has to bear the burden of the family at different times of life.

From the example mentioned above, the linguistic strategies that the patient used to tell the stories can represent the patient's self-perception process and the identities that the patient wanted to convey to the listener about the bad experience deeply embedded in the patient's mind and that the family members have never been aware of this feeling. However, from the review of previous research studies, it was found that there has not been any research in linguistics studying the interview of Thai parents suffering from major depressive disorder. For this reason, the data of the interview with Thai parents with major depressive disorder is necessary because the findings will reveal the true feelings of parents with major depressive disorder which can be communicated to children to understand the identities of the parents. This will create good understanding among the family members and it can be used for medical treatment for parents with major depressive disorder.

The objective of this research paper is to study the relationships between linguistic strategies and identities of parents with major depressive disorder from storytelling in the interview discourse. The researchers collected data using purposive sampling method, and 17 patients were screened by the psychiatric nurses at Lampang Hospital from 6 to 22 January 2019. Then only 5 patients who were parents were selected.

Literature Review

"Identity" is an explanation of who we are and how we interact with others under that environment. Identity indicates that we are the same or different from others in society (Woodward, 1997). Sometimes, identity can change from one identity to another depending on the changing environment and circumstances (Hall, 1990). The definition of identity sometimes also means the process of becoming because identity is not a fixed thing. It is the process of creating self-perception and determining the role of social functions that construct the meaning to that person (Barker, 2012). From that meaning, identity is the social construction process used to tell who we are through expressions, or to wholeheartedly accept the identity that the person has created or chosen to be. Likewise, in this research, the term "identity" means describing who "I", which refers to parents who are suffering from depression, am in society through storytelling of life of parents with major depressive disorder. The patients used the process of thinking, reviewing, and understanding their identities. Giddens (1991 cited in Barker, 2012) proposed the concept of identity as the reflexive project of self. That is to say, creating an identity requires reflexivity through reviewing the stories about one's own life and narrating the stories to relate to own experience in order to answer the questions, What to do? How to act? Who to be? Life storytelling is an important tool in constructing the identity or perceiving the narrator's identity (Phakdeephasook, 2018).

Methodology

This is linguistic research using qualitative research methods. It was approved by the Human Research Ethics Committee. The informed consent in writing was also obtained from 5 patients with major depressive disorder who had been screened by psychiatric nurses at Lampang Hospital. In addition, the patient must have the role of parenting in order to receive an in-depth interview 1 hour for each person. Identity, discourse analysis and pragmatics were employed for data analysis. The research results were presented by descriptive analysis.

Results

The results of this research are divided into 2 parts; (1) the analysis of linguistic strategies and (2) the results of the analysis of the relationships between linguistic strategies

and identities as follows.

Linguistic Strategies used by Parents with Major Depressive Disorder

1. Lexical choice: This is the selection of words or phrases that convey the patients' thoughts, views, and experiences. The analysis showed that the parents with major depressive disorder selected to use this strategy to communicate their identities in 4 aspects, namely

1) Terms that describe the problems of expenses: such as "money matters", "fear of not having money", "a lot of expenses" "being in debt"", "debt", "can't pay debt". For example, (1) "ล่าสุดมาวันนี้ เราเป็น**หนี้**เขาเยอะ" ("Currently, I have too much **debt**.") This points out that an expense is a major problem causing depression in adults who have to bear the burden in the family.

2) Terms that convey negative emotional states: such as "overthink", "stressful", "unable to eat and sleep", "distracted", "tired", "stuck", "burdened". For example, (2) "มัน เวียนหัว แล้วก็**คิดมาก** น้ำหูน้ำตาไหล" ("I feel dizzy and **overthink** and break down into tears.") This shows that overthinking is a negative emotional state, which is an important emotion that can cause depression.

3) Terms that describe loneliness: like "alone", "only 2–3 people", "being alone" such as (3) "นึก นอน บางครั้งก็นั่งร้องไห้**คนเดียว**" ("thinking, sleeping, sometimes sitting and crying **alone"**). This shows that feeling alone is a characteristic of the patients with major depressive disorder.

4) Terms that refer to death: including "want to die", don't want to live", "suicide". For example, (4) "รู้สึก**อยากตาย**อย่างเดียว **ไม่อยากอยู่**แล้ว" ("I **want to die** and **don't want to live** anymore.") It indicates that these death-related terms are the terms that the patients will choose for solving their problems.

2. Metaphor: It is the use of words to compare two different things. The words used for comparison reflect the cognitive system of the language users. The language users express the metaphor unconsciously in order to explain the abstraction by close experience (Lakoff & Johnson, 1980). The analysis results showed that the parents with major depressive disorder used metaphors to communicate their own identities by using experience about directions to describe their emotions. For instance, (5) "กินยาหมอแล้วก็**สบายใจขึ้น**บ้าง อย่างน้อยก็**ดีขึ้นมา**" ("Taking medicine, I feel **more relieved**. At least it **is better**.") (6) "เวลานี้เราคุยกับหมอมันก็ดี**ขึ้นมา** ลูกให้กำลังใจมันก็**ดีขึ้นมา**" ("At present, I consult a doctor. I **get better**. When the children give me encouragement, it **is better**."). This indicates that medicine, encouragement and expression of negative feelings are the factors that help the patients improve their mental state. The use of the metaphors showed that the emotions of the patients were moving in an upward direction, in contrast to the real feeling.

However, the patients with no encouragement or expression of the feeling using metaphors said (7) "จะต้อง**ถอย**ออกมา อยู่กับคนที่เข้าใจเราอะ" ("Will have to **step back** to be with someone who understands me.") (8) "ใครสะกิดอะไรหน่อยก็**อยากไป** ใครสะกิดอะไรหน่อยก็**อยากหนี**" ("Whenever being triggered, I **want to go away**. When something is triggered, I **want to escape**.") (9) "เขาจะไม่เข้าใจเรา ตัวเรานี่แหละ จะต้อง**ปรับ**เข้าหาเขาให้ได้" ("If they don't understand us, we have **to adjust** to them.") This emphasizes that negative emotions of the patients occur when living with family. Such metaphors are communicated through orientationally metaphor **[Family is an unavoidable dangerous area]**. Therefore, encouragement and expression of negative feelings are important helpers of patients.

Similarly, the metaphors were also used to reflect the patients' concept **[The sayings from family members are sharp objects]**. For example, (10) "ที่น้อยเนื้อต่ำใจนี่ ไม่อยากให้**สะกิด**เลย มันจะ**กระทบ**เลย เช่นว่าอยากไปไหนก็ไป ไม่ชอบละคนแบบนี้ มันจะ**สะกิด**ขึ้นมาทันทีเลยนะ คำ ๆ นี้ นะ คือว่า มันเหมือน**สะกิด**" ("When being neglected or hurt, I don't want a **trigger** that will **affect** my feelings. Like, when someone says, if you want to go, go. I don't like the person who says this. It **affects** me immediately. These sayings are the **triggers** for my feelings.") (11) "ตอนที่เป็นโรคซึมเศร้า ใคร**สะกิด**อะไรหน่อยก็ร้องไห้" ("when I was depressed, I would cry at **the trigger**.") For this reason, the metaphors represent the concept of the patients to emphasize the state of problems or the emotional state that they have towards society and the environment that they cannot escape. Moreover, living in such a dangerous area makes them face sayings that are like sharp objects at the same time.

3. Parallel structure: This is the use of the same sentence structure in either 2 or 3 sentences. The analysis results showed that parents with major depressive disorder used parallel structure to show the following intentions.

1) Parallel structure emphasizing the encountered problems is the use of the same sentence structure to reiterate the problems that the patients have encountered. For example, (12) "เป็น**หนี้**เครดิตเขาอยู่ 2 แสน **หนี้**ธนาคารอีก **หนี้**นอกระบบอีก" ("I have credit **debt** of about 200,000 baht and bank **debt** and informal **debt**.") It is the use of the noun "debt" as a structural keyword to emphasize the words, including "credit", "bank" and "informal" as the burden

that the patients have to encounter and bear.

2) Parallel structure emphasizing loneliness is the use of the same sentence structure in order to emphasize the condition of the patients who feel lonely. For example, (13) "ตนเองหาเงิน**คนเดียว** และที่ทำงานก็อยู่**คนเดียว**" ("I have to earn income **alone** and I also work **alone** at the workplace.") It is the use of the word "alone" as the structural keyword to emphasize that the verbs "earn income" and "work" are done by the same person. So, this example emphasize that the patients feel lonely.

3) Parallel structure emphasizing the negative emotional state is the use of the same sentence structure to emphasize the negative emotions of the patients. For instance, (14) *"มันเหมือนกับว่า **มันท้อ** **มันเหนื่อย** **มันคิดอยากจะฆ่าตัวตาย**"* ("**It** is like being discouraged. **It** is tired and **it** is like I want to commit suicide.") The word "it" is used as the main structure of the sentence to emphasize that the adjectives and the verbs "discouraged", "tired" and "want to commit suicide" are the emotions that occur in the patients.

4) Parallel structure emphasizing behavior is the use of the same sentence structure to show the behavior in a way that is necessary to do until it becomes a habit. For example, (15) "**บางที**อยากได้เงินมา ตัวเราก็เดินไม่ได้ **บางที**การไปทำงาน ปวดขา เงิน **บางที**ก็เอาให้หลานสองคนตัวน้อย ๆ วันละ 40 บาท" ("**Sometimes**, I earn income. I can't even walk. **Sometimes**, when I go to work, I have leg pain. With money I have earned, I **sometimes** give 40 baht a day to my two little grandchildren.") The word "sometimes" is used as a structural keyword to emphasize the behaviors that patients have to experience at different times in their lives, namely, whether it is earning money, health or the burden of the family.

4. Repetition: This is to repeat all adverbs of time or phrasal verbs or part of them that have been mentioned earlier. The results showed that parents with major depressive disorder used the repetition as follows:

1) Repetition of adverbs of time: This is the use of repetition of adverbs of time to emphasize the frequent behavior resulting from problems. For example, (17) "**ครั้งแรก ครั้งแรก**_ผมมี เอ่อ มีลักษณะเนี่ย คือ ผมต้องดื่มเหล้า ทุก ทุก เย็น" (**"For the first time**, **for the first time**, …Hmm I have to drink alcohol every evening.") The adverbs of time "for the first time" and "every" are repeated to emphasize the time when the patient has encountered the problem.

2) Repetition of phrasal verbs: This is the use of repetition of phrasal verbs to emphasize the behavior of the patients. For example, (18) "**ปล่อยมันไปเถอะ** คนโตก็ **ปล่อยไปเถอะ**" ("**Let it go**…the older child, **let… (it) go**.") The phrasal verb "let…go" is partially repeated. The word "it" can be omitted, but it still can convey the meaning that the speaker has to accept the problem.

5. Fallacy: This is the strategy that the parents with major depressive disorder used to report on the causes of depression. For example, (19) "เราก็คิดว่ากินยาตาย **ดีกว่าจะให้ลูกมาเป็นภาระ**" ("I think committing suicide **is better than being a burden on the children**.") This shows that the patients with major depressive disorder try to explain with their own reasons, namely, major depression is the main problem for a patient, so that others can understand the causes of depression.

6. Expectation: This is the strategy that the parents with major depressive disorder used to describe their needs for their family members. For example, (20) "**อยากให้ลูกมีความสุข** แต่คนนี้ไม่ค่อยเข้าใจแม่ จะเอาทุกอย่างให้ได้" ("**I want my child to be happy**, but he/she doesn't really understand me." He/she wants to get everything."). It points out that the patients with major depressive disorder refer to their own needs for the family members, who are their children.

7. Self-questioning: This is the strategy that the parents with major depressive disorder used to talk to themselves using questions. For example, (21) "อยากไปให้พ้น ๆ ไม่ชอบเขา ไม่ชอบเรา **เราจะอยู่ในบ้านนี้ได้ไหม** คิดอย่างนั้นนะ" ("I want to go away. I don't like him. He doesn't like me. **Can I stay in this house?** I think like that."). This indicates that the patients with major depressive disorder have created interrogative sentences to tell in affirmative statements for self-realizing.

8. Conversational implicature: This is the strategy that the patients choose not to follow the cooperative principle, as follows.

1) Flouting a Maxim: This is the strategy that the patients choose not to follow the cooperative principle to convey certain implications to the listeners. The flouting of maxim of quantity and relation principles used to suggest the implications were found. For example, the patient was interviewed about the wage of the company. (22) [**T1/ผู้สัมภาษณ์: เขาจ่ายเป็นรายวันหรือรายเดือนคะ] ("Does the employer pay you daily or monthly?") [T2/ผู้ป่วย: รายวันค่ะ แต่เขาก็ให้กำลังใจเราดีมาก แต่ถ้าเราอยู่บ้านมันเครียด คิดไปเรื่อย] ("Daily, but he gives me encouragement. If I am at home, I will feel stressful and keep overthinking.")** [T3/ผู้สัมภาษณ์: ในแต่ละวันพี่ทำอะไรบ้างครับ] ("What do you do each day?") [T4/ผู้ป่วย: ก็ทำความสะอาดในออฟฟิศ เช็ดถูโต๊ะ แล้วก็เวลาเขามาซื้อเสา เราก็ขายเสา เวลาน้องในออฟฟิศไม่อยู่ เราก็ขายเสาให้บ้าง] ("I clean the office, wipe the table and then when the customer buys poles, I sell them. When the staff are not in the office, I sell the poles.") It can be seen that the patient flouted the maxim of

quantity by giving more information than is necessary: "But, he gives me encouragement. If I am at home, I will feel stressful and keep overthinking." The patient felt that the house is not a happy place, which is different from the workplace.

In addition, it is not different from the example of father-children conversation where the father wanted his children to adjust the way of speaking. For example, (23) [T1/ผู้สัมภาษณ์: เค้า แล้วเค้าได้ปรับปรุงอะไรไหมคะ] ("Did they improve anything?") [T2/ผู้ป่วย: อืม ก็ ก็ มีปรับปรุง] ("Hmm, yes.") **[T3/ผู้สัมภาษณ์: คนไหนเป็นมากกว่ากัน] ("Who is better?") [T4/ผู้ป่วย: แต่อีกสักพักก็เหมือนเดิม]** ("**But, after a while, it will be the same**.") In this example, the interviewer asked in T3 "Who is better?" However, the patient did not answer the question. Instead, he gave the information in T4 "But, after a while, it will be the same." This is the flouting of the relation where the patient wanted to reiterate the children's behavior. It suggests that the father has to accept the problem in the family alone.

2) Violating a Maxim: This is the strategy that the patients choose not to follow the cooperative principle and intend to conceal information or divert attention. For example, (24) [T1/ผู้สัมภาษณ์: อยู่กับใครคะ ตอนนี้] ("Who are you living with, right now?") [T2/ ผู้ป่วย: ตอนนี้ก็อยู่กับภรรยาครับ] ("I am living with my wife.") **[T3/ผู้สัมภาษณ์: อยู่กับภรรยาเนาะ อยู่กันสองคนเหรอคะ หรือว่าอยู่กับลูก ๆ] ("You live with your wife. Only you two stay together, do you? Or, do you also stay with your children?") [T4/ผู้ป่วย: ก็มีลูกสี่คน ก็อยู่ ลูกก็อยู่ ต่างจังหวัดสามคน แล้วก็ (0.2) อยู่บ้านอีกคนหนึ่งครับ] ("I have four children. Three of them are living in other provinces, and (0.2) one of them stays at home.")** In this example, when the interviewer asked in T 1, "Who are you living with, right now?" The patient responded "I am living with my wife." If the interviewer did not ask more questions; "Only you two stay together, do you? Or, do you also stay with your children?", the patient would not have provided complete information because in the final Turn, the patient gave the information "I have four children. Three of them are living in other provinces, and (0.2) one of them stays at home." The conversation was incomplete and the patient stopped to breathe for 2 seconds before talking about the last child. He concealed something because he did not want to mention the person whom he felt was the problem.

The Relationships between Linguistic Strategies and Identities of Parents with Major Depressive Disorder

According to the analysis above, it was found that linguistic strategies is a tool used by the patients with major depressive disorder to describe themselves or their identities for children to understand them. The identity of parents with major depressive disorder are the ones who have to accept all the problems alone in the family, and can be divided into two types as follows.

1. Parents with major depressive disorder are those who bear problems alone in the family. This is the identity that the patients want their children to understand, that they have depression because they have to bear the burden and problems in their own family. This identity is something that patients want the society around them, especially children, to understand. It consists of 2 sub-identities which are related to the linguistic strategies as follows.

1) Being lonely and keeping feelings aside: This is the sub-identity of the parents with major depressive disorder, who recognize themselves as the persons who are alone and choose to keep the grievances to themselves. This identity relates to various linguistic strategies. For example, they used the terms (25) "**อยู่แค่ 2 3 คน** คือ ลูก กับพ่อแม่เรา **แค่นั้น**" ("**Living with only 2 or 3 people** that are **only** my child and parents.") or expressing expectation (26) "**ไม่อยากให้มีปัญหา**อะไร **ไม่อยากให้ใคร**เป็นคนรับผิดชอบของเรา" **("I don't want to have any problems. I don't want anyone** to be responsible for me.")

2) Being the ones who face and handle every problem by themselves is the sub-identity of the parents with major depressive disorder. This sub-identity is used to present themselves as those who have to bear and solve various problems themselves. This identity is related to various linguistic strategies. For example, they used the following terms. (27) "ลูกสาวเรียนหนังสือใกล้จบ ก็กลัวจะ**ไม่มีเงินส่งเรียน** ก็เลยว้าวุ่น **ค่าใช้จ่ายก็เยอะ**" ("My daughter is going to finish her school. I am afraid that I **cannot afford for her to further study**, so I am distracted. **There are a lot of expenses**.") Or, they used the linguistic strategy called parallel structure. For example, "**เรา**อย่างเงี้ยะ **เรา** เลิกงานมา **เรา** เหมือนกับ **เรา** อยากจะทำงานต่อ เราทำไม่ได้แล้ว" ("It's like…**I** after work, **I** want to work, but **I** can't.")

Both sub-identities are related to the linguistic strategies, showing that the parents with major depressive disorder have tried to get children to understand them as much as possible. That is to say, they have tried to tell them that they are alone and have to bear and manage problems alone, through the use of linguistic strategies, namely lexical choice and expectation to communicate the meaning of loneliness, or lexical choice and parallel structure to convey the meaning of bearing problems alone. These are the identities that patients communicate through linguistic strategies the most.

2. Parents with major depressive disorder are the ones who have to accept all the problems in the family. This is the identity that the patients want to convey to their children to understand, that they have depression because they have to be responsible for all problems that occur to themselves and within the family. But, the patients cannot argue, oppose or show their position. This consists of the sub-identities associated with the various linguistic strategies as follows.

1) Being the ones who have to endure all conditions: This is the sub-identity of the parents with major depressive disorder who want their children to understand that they have depression because they are the ones who have to endure everything, so they have to hold on to negative feelings or the emotions that they are unable to tell anyone about. It is related to various linguistic strategies, such as self-questioning: (28) **"เขาเบื่อหน่ายถึงขนาดนี้เลยเหรอ" ("Are they so bored?"),** and metaphor: (29) "ต้อง**ถอยออก**จากที่ว่าหมกมุ่น ให้มาอยู่กับคนเยอะ ๆ" หรือ "ไม่ชอบละคนแบบนี้ มันจะ**สะกิดขึ้น**มาทันที" ("Have to **step back** from preoccupation to be with a lot of people) or (I don't like the person like this. It will **trigger** something in me immediately.")

2) Being the ones who see death as the best remedy is the sub-identity of the parents with major depressive disorder, who want their children to understand that death will be the best solution to their problems. This is related to various linguistic strategies such as parallel structure: (30) "แม่ไม่อยู่ ตายไป หนี้สิน**มันก็หมด** ถ้าเราตายไป **มันก็หมด**" ("If mother dies, the debt **will be gone**. If I die, it (the debt) **will be gone**."), or expectation: (31) "**เราไม่อยากให้ใครมาว่าเราเป็นหนี้เขา** ... เราก็คิดว่า กินยาตายดีกว่าจะให้ลูกมาเป็นภาระ" ("**I don't want anyone to tell me that I owe them**... I think taking medicine to commit suicide is better than being a burden on the children.")

Both identities are related to the linguistic strategies, showing that the parents with major depressive disorder are those who have to endure all conditions and when they can no longer resist, death is the best solution. The linguistic strategies related to these identities are self-questioning and metaphor. They are used to communicate that although the questions are raised, it is only the reflection of themselves because nothing can be fixed. Similarly, metaphor [Family is an unavoidable dangerous area] is used to emphasize reluctance to be with the family. Therefore, the patients choose death as the solution to their problems.

Discussion

The linguistic strategies used by the parents with major depressive disorder are the language tools that can clearly communicate the identities of the parents with major depressive disorder.

The patients usually use the terms referring to loneliness or being alone. For example, (32) "เวลาไปทำงาน **คนเดียว** ตรงสวน" ("When going to work, I work **alone** in the garden."). This suggests that the patients often see themselves being abandoned. These terms are, therefore, often used. Likewise, they also talk about death, for example, (33) "ไม่มีจ่าย เราก็เครียดอีก คิดจะ**ฆ่าตัวตาย**อีก" ("When I cannot pay debt, I am stressed and think of committing **suicide** again."). It is another word that patients usually use. This is in accordance with Roberson (2015), explaining that in public health, talking about loneliness and death is considered having suicide ideation. The use of the term "loneliness" can imply to listeners thoughts and emotions within the patient's mind.

Likewise, parallel structure is also often used to emphasize the limits of emotional pain, problems, and behaviors. For example, (34) "ที่ทำงานก็สั่งใช้งาน**อีก** และคิดเรื่องของตนเอง**อีก** ... อาการก็กลับมา**อีก** ใน 1 เดือน จึงเกิดอาการสั่น**อีก**" ("At work, I was told to work **again** ... and I also thought of my problems **again**. So, there is relapse of symptoms **again** within 1 month, resulting in tremors **again**.") This emphasizes the problems that they have to experience. This type of language is considered another sign of the patients' state of mind. That is, the patients try to stress that the problems are so complicated and multiplied that they cannot be longer controlled. This is similar to conversational implicature, that the patients often violate the maxim of quantity, that the given information must be complete and not too little or too much. But, when having conversation with the patients, they tended to give more information than needed. Or sometimes they gave too little information. For example, (35) [T1/ผู้สัมภาษณ์: ตอนนี้ลูกที่อยู่ด้วยเป็นผู้หญิง ผู้ชายคะ] (Right now, are you living with male and female children?) [T2/ผู้ป่วย: ผู้ชายครับ] (Male.) [T3/ผู้สัมภาษณ์: อ่อ เป็นผู้ชาย เรียนที่ไหนคะ] (Male, where is he studying?) **[T4/ผู้ป่วย: เรียนที่ ที่บ้านนี่แหละครับ] ("Studying at home.")** [T5/ผู้สัมภาษณ์: ชั้นอะไรครับ] ("What grade is he studying?") **[T6/ผู้ป่วย: ม.หกแล้วครับ] ("Grade 12.")** This shows that even in T3, the interviewer tried to imply that the patient should tell more about his son. But, the patient provided only limited information "studying at home". Also, in T6, he only provided the information about Grade level. Violating the

maxim of quantity this way implies that the patient wanted to keep the relationship between himself and his son due to some reasons that he did not want to tell.

This is also similar to the use of metaphor to reflect the patients' concepts, including the sayings from family members are sharp objects] and [The family is an unavoidable dangerous area] These concepts clearly reflect the identities of the patients. That is, the patients recognize the sayings from the family members as the objects that can "trigger" and "affect" them. The only solution is to accept or die because family is not a safe area. It is a dangerous area that the patients have to endure.

These linguistic strategies are, therefore, related to the identities of the parents with major depressive disorder in presenting that the parents with major depressive disorder are the ones who bear the problems alone in the family and the ones who have to accept all the problems that arise in the family because they are unable to explain, inform, or change anything in the family. Despite the fact that family should be the most secure area for both physical and mental aspects because it is the society that is closest to the patients (Sutawatnatcha, 2016), family in reality is a dangerous area. This is consistent with the research results indicating that negative emotions or bad conditions in the family result in the relapses in people with major depressive disorders (Moller-Leimkühler, 2005; Wai-Tong, Chan & Morrissey, 2007) until the patients have to endure that environment. This is also in accordance with the research results indicating that one of the identities that the parents with major depressive disorder want to tell their children is "I have to endure all conditions." Kongsakon (2011) stated that domestic violence is often concealed. The victims usually have to tolerate this problem.

Conclusion and Recommendation

The study result revealed that 8 main linguistic strategies, namely lexical choice, metaphor, parallel structure, repetition, fallacy, expectation, self-questioning and conversational implicature were used by the patients to communicate to create their own identities. They are related to 2 identities of the parents with major depressive disorder: the parents with major depressive disorder are those who bear the problems alone in the family, and the parents with major depressive disorder are the ones who have to accept all the problems in the family.

Therefore, depression in parents is not the personal problem or the problem of those who are not close, but it is the problem within the family. Children, who are psychologically connected with parents, should understand the problems of parents because if the parents are not given proper attention, it is not just the problem in the family, but it is also the medical and public health problem, which is related to national development. This is because if the primary institution has problems, it will lead to more problems in other institutions in society. Thus, in order to better understand the thought of the parents with major depressive disorder, conversation analysis should be employed to further study the conversation among family members.

Conflict of Interest

There is no conflict of interest.

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