

# LINGUISTIC INDICATORS OF NEGATIVE-PERSPECTIVE LANGUAGE IN WOMEN'S DEPRESSIVE DISORDER

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## ABSTRACT

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Depressive disorder impacts physical health and affects a patient's life. Analyzing the language of depressive disorder patients can serve as a means of psychological assessment. This study analyzes the negative perspective of depressive disorder patients via linguistic analysis in 12 female patients from Lampang Hospital. Data was collected through interviews conducted with the patients in which they discussed their depressive experiences. Through Systemic Functional Linguistics, it is proven that linguistic analysis can be used to represent the negative perspective of patients with depression. The results show that the negative perspective of depression can be indicated on all linguistic levels: textual, syntactic, lexical, and pragmatic. At the textual level, thematic analysis and connectors are analyzed in the data. At the syntactic level, transitivity is analyzed to reflect the ideational function of patients through four processes: material, relational, mental, and existential. At the lexical level, lexical choice is analyzed to represent the negative experience of patients. The negative perspectives are indicated in various ways, such as negative thought, negative routine, negative behavior, hedging, and referencing. At the pragmatic level, conceptual metaphor, self-blame, and presupposition can represent the negative perspective of patients with depression. This research shows that linguistic strategies of analysis can indicate the language functions of a female patient with depressive disorder.

**Keywords:** Depressive discourse; negative perspective; linguistic analysis

## 1. INTRODUCTION

The number of patients diagnosed with depression increases every year. Depression is a psychological disorder that affects a patient's health and lifestyle. Though it can occur regardless of age or gender, studies show that women have a greater chance of experiencing depression than men (Nolen-Hoeksema, 1987; Lewis, 1995). This researcher believes that if a study was based on the point of view of a woman, it could better reflect the causes and factors of the disorder. Society needs to understand the causes of depression in order to live amongst people with depression. The research presented here studies the linguistic indicators of depression in female patients, using language that the patients used during conversation (as women conveyed more information and details than men, they became the focus of this study). Stoppard (2000) states that a patient's perspective can be useful in diagnostics, and the basic experiences and perspectives of each patient can be used to help in diagnosing symptoms.

There is research on depression from both medical and psychological perspectives. Medical research by Lewis (1995) states that depression is viewed as a clinical problem, but that doctors should develop alternative techniques to better understand their patients. World Health Organization research by Pan et al. (2018) analyzed depression symptoms presented on Sina Weibo, a Chinese social media platform, as they believed depression is more complex and caused by genetic, environmental, and individual factors. They believed that it couldn't be worked on just by looking at medical reports, but should be studied in conjunction with other information sources. Results of this research concluded that depression is mostly caused by individual-level factors, while medical research concludes it to be a physical issue. Moreover, the messages that appeared on social media were mostly to express negative feelings without psychological condolences. This outcome was aligned with some social and psychological research that also used content analysis on social media, storytelling of a patient following the method of content analysis, and storytelling on social media with a hashtag (Braun and Clarke, 2006; Lachmar et al., 2017). Results showed that patients with depression use social media as an emotional vent to ease out their negative feelings. This research showed that storytelling can help bring out clearer pictures and that the stories can be further filtered and diagnosed for depression. A linguistic study on social media from Zappavigna and Martin (2018) used language content analysis under the concept that language can reflect three main functions of a person: ideational, interpersonal, and textual. They chose messages with #depression on Twitter as their data source. The results showed that depression and negative expression can be found on social media.

From the medical, psychological, and social research mentioned, it can be assumed that many factors help in understanding depression. There are a number of Thai linguistic studies on depression, one of which is from Angkapanichkit et al. (2019). This research focused on language and communication in depression; namely, research on communication development to improve young Thais' quality of life, depression language in public media, and communication in university students. A case study was conducted at Thammasat University; Angkapanichkit et al. (2019) collected data from the storytelling of people with depression, though the researcher did not find any connections that Thai language concepts or systematic language content analysis link to depression. As previously mentioned, Zappavigna and Martin (2018) conducted a study of #depression on Twitter, the aim of which was to reflect the function of the hashtag on society, assuming that there are any viable linguistic indicators from the storytelling of people with depression. One study showed that depression is more likely to occur in women than in men (Nolen-Hoeksema, 1987). With that result, studies on women with depression should present more detailed data. This researcher wants to study linguistic indicators via negative-perspective language in women's depressive disorder discourse using content analysis that reflects on thematic, interpersonal, and textual functions. The researcher hopes that this research will be useful in further linguistic studies on depressive disorders.

## 2. OBJECTIVE OF THE STUDY

The objective is to analyze the negative-perspective indicators of a patient using Systematic Functional Grammar (Halliday, 1985) on female patients with depressive disorder.

This research analyzes the negative language pattern in women with depressive disorders following the Systematic Function Grammar method, which views language as a social act. In this view, every person uses different language based on his or her experience; thus, the language of women with depressive disorders could reflect their thoughts. According to van Dijk (1997), when a language is used, not only it contains meaning and perspective, but when analyzed, it can reveal hidden thoughts as well. The researcher sees that the language used by women with depressive disorders as they attempt to find meaning in their condition, can help medical professionals in understanding the patient's disease. This research analyzes negative language patterns following the Systematic Functional Grammar method, which is categorized into four levels (textual, syntactic, lexical, and semantic and pragmatic) in order to prove that thoughts and point of view can be conveyed through language use. The textual level analyzes the Theme-Rheme context of the language used by the patients to determine the most important subject that the person tries to express. The syntactic level analyzes sentences and types of processes from the story to determine the way that a patient wants to convey their experience; for example, through verb choices, such as the use of passive/active voice. The lexical level analyzes the word choices that a patient makes in the story that reflect a negative perspective. The pragmatic level analyzes the direct and indirect meaning of the story to further understanding of women with depressive disorders. All of the analyses mentioned above are based on the theory that the word and sentence choices from each patient are systematically chosen in order to convey meanings to the receiving end, regarding the negative perspective of women with depressive disorders.

### 3. DATA COLLECTION

The data was collected from patients from Lampang Hospital during January 2020. Ethical permission was granted from the University of Phayao (3/019/62) and also from Lampang Hospital. The patients were specifically selected from the psychological department of Lampang Hospital. Patients were required to be diagnosed with depression with treatment in effect. Patients were asked by a nurse for consent and were aware of research purposes and details, including the questions and methods to be used in the research, all of which were verified and approved by professional nurses. The sample group consisted of 17 patients, including 5 men and 12 women. According to Lewis (1995) and Nolen-Hoeksema (1987), women are more likely to develop depression than men. Troisi and Moles (1999) state that gender and gender roles in society play a big part in societal function and character, which causes women to have a higher chance of developing depression.

### 4. DATA ANALYSIS

After the researcher completed interviews with patients, the data was analyzed using systematic linguistic functions. The textual level analyzed the Theme-Rheme of the context to determine the most important subject that occurred in the story. The syntactic level analyzed the transitivity and types of processes that appeared in the story to understand the purpose of the storytelling of the patient. The lexical level analyzed word choice that reflected negative meaning from the speaker. The pragmatic level analyzed direct and contextual meaning in a negative perspective of women with depressive disorders. The analysis mentioned above showed the three levels of language functionality: textual function to analyze the main point of the discourse, interpersonal function, and ideational function to analyze language patterns that reflect a patient's way of thinking and, finally, reflect the perspective of a patient using language mechanisms such as transitivity, cohesion, conceptual metaphor, speech act, and presupposition.

### 5. FINDINGS

This research divided the analysis based on the language level: textual, syntactic, lexical, and pragmatic. The research focused on expressing the perspective of patients with depression. The results are as follows:

#### 5.1 Textual level

1) According to Halliday (1985), the main point of the story is likely to be told at the very beginning, and is referred to as the "thematic function." In this research, the researcher analyzed the thematic function from the first sentence of the story and captured the main point (Halliday, 1985).

The thematic function can reflect on how the subject wanted to tell the story. It can be categorized into three points: topical theme, which reflects the way of thinking of the patient, such as pronouns used in the story; textual theme, which expands the details of the context, such as conjunctions and prepositions; and interpersonal theme, which reflects on the perspective of the speaker according to the story.

From the data, patients usually start with textual theme to describe the beginning of the story. Words like [tɔɔn rɛ̀ɛk] (at first), [tɔɔn nii] (now), [tɔɔn nan] (then), [k'ɔɔn thii] (before), and [laŋ caak] (after) were used. The topical theme then was revealed in the form of nouns, such as [bãan] (house), or first-person pronouns, such as [nuu] (I) or [man] (it). Additionally, pronouns were found according to the subject in the sentence: for instance, [prã maan pii hók nuŋ] + [man] (In the year 2018 + it was...) or [tɔɔn nan] + [nuu] (Back then + I...). These words are listed in Table 1.

**Table 1:** Theme-Rheme Function of Women with Depressive Disorder

Textual Theme	Rheme
[tɔɔn rɛ̀ɛk] At first	[kɔ maj daj pen ?à raj] It was nothing.
[tɔɔnrɛ̀ɛk] At first	[kɔ mii maa naan leew kha?] It has been like this for a long time.
[tɔɔn rɛ̀ɛk læj] At the beginning	[khuuu khun mee sia] My mom died.

**Table 1:** Theme-Rheme Function of Women with Depressive Disorder (continued)

Textual Theme	Rheme
[tɔɔn nii] Now	[khuuu daj tham ɲaan pen mɛɛ baan nɔʔ] I am working as a maid.
[tɔɔn nii na kha] Now	[khuuu maj daj tham ɲaan] I am unemployed.
[tɔɔn nan] Back then	[daj rian thuuɲ chan pra thom pii thii hokdi chan kɔ maj daj rian tɔɔ] I finished the 12th grade but did not continue studying.
[kɔɔnthii] Before	[ca maa kin jaa nii khuuu mii khwaam khriat] Taking this drug, I was so stressed.
[laɲcaak] After	[kɔ khuuu muuan lɛək kap fɛen ʔakhaʔ] It was like breaking up.
[pra maan pii hok nuɲ man...] Around the year 2018	[juumajdaj nɔɔmmajlap] I couldn't live and sleep.
[tɔɔnnan nuu] Back then I...	[rian thii raat cha pha tlam paan] Studied at Ratchapat, Lampang.
Topical Theme	Rheme
[nuu] I	[kheɛ jaak maa duu waa nuu ca pen ruuu plaw] Just wanted to check if I have it.
[nuu] I	[doon mɛɛ saɲ haj juti kaan tanjkan khaʔ] Was ordered to have an abortion.
[baan] My home	[khon khaɲ pen khon thii mii thaa na paan klaan] Was a middle-class home.
[nuu] I	[ruu suuk waa kaan pen rook stum saw nia] Feel that depression is...

From the thematic function of the first sentence of the story, patients mentioned the time when their depression started. It showed that patients go back into the past to evaluate the cause of the disorder by using words such as [tɔɔnrɛk] (at the beginning), [tɔɔnnan] (back then), or [laɲcaak] (after). By looking at the rhemes following the keywords, the researcher can obtain the details of certain past experiences. There are two major causes: external (deaths of relatives, break-ups, failed educational pursuits) and internal (stress, inability to sleep). The textual theme contains an interesting part of the story, which is the patient's view of the cause and commencement of their disorder which the storyteller emphasizes repeatedly. The topical theme reflects on the patient's ideational function. All patients used the word *ny* [nuu], which is a diminutive female personal pronoun, because they are younger than the researcher. The rheme suggests the cause of depression and describes the patient's symptoms, with a particular emphasis on their self and their living situation.

2) Analyzing the patients' choice of adjectives and conjunctions found the causes and experiences behind their thoughts and the reasons why they pull themselves away from others. The patients used conflicting conjunctions, like [tɛɛ] (but), to express the fear of interacting with people. For example:

(1) [raw kɔ maj daj raɲ kiat thii waa paj ʔaw khoɲ khon ʔuutun maa haj luuk raw tɛɛ khuuu raw maj choɔp kham phuut thii khaw beep muuan kap beep waaʔ araj raw maj mii taɲ suuu raw plɔɔj thiɲ luuk raw ʔa raɲ jaan nii]

I do not mind giving my child stuff from other people, but I just don't like the way these people then talk behind my back, saying that I am a beggar and that I do not care for my children.

(2) [raw lɛɛj maj choɔp khaw saɲ khom lɛɛj khuuu kliat kaan khaw saɲ khom maak maak tɛɛ raw dan khaw rian saa khaa thii raw ruu suuk waa raw tɔɲ khaw saɲ khom man kɔ lɛɛj jɛɛ]

That's why I do not like socializing. I hate socializing, but I chose a field of study that requires me to socialize, and that's bad.

The patients use conjunctions to show conflicts in the story. From the data, storytellers were in a situation where they did not want to be, and in which they felt they were under pressure.

3) Analyzing the usage of additional conjunctions like [lɛw] (then), [la kɔ] (and), and [phon phuəŋ maa thuŋ] (that makes) from the data showed that patients usually are under a chain effect. When a patient has a problem with work, they often also have problems at home and school, as well, according to these sentences:

(3) [mɛɛ pen khon moo hoo raaj khaw ca pen khon maj khɔj jaŋ sa ti tua? eŋ juu thaw raj lɛw khun phɔ khaw kɔ pha jaa jaam jat jiat? araj thii kiaw kap saat sa naa haj faŋ stuŋ nuu maj nap thuuu saat sa naa phrɔ nuu mot waj paj lɛw kha?]

Mom has a temper. She often fails to control herself and Dad keeps on babbling about religion, which I have no interest in because I have lost my faith. I'm fine with friends.

(4) [lɔk kap fɛn ?a kha? lɛw kɔ khit waa pen khon thii khit lop maa ta lɔt la kɔ khuuu khəj mii pom kɔ khuuu doon phuən buun lii tɔn mat tha jom]

I broke up with my boyfriend and since then I have been a negative person. I also got bullied a lot in high school.

(5) [mii pan haa tha lɔ kap pha nak ŋaən khɔŋ bɔɔ ri sat? eŋ pen phuu chaaj phon phuəŋ maa thuŋ baən chaj maa thuŋ luuk fɛn maj son caj raw ləj raw khriat taŋ tɛ tɔn nan maa lɛw... fɛn mtuan maj chaj fɛn ?a]

I constantly get into arguments with my male colleague. I get back home just to be ignored by my husband and kid. It's like I don't have a husband.

From the conjunctions “then” and “after that,” which are used to further elaborate the event, the patients were trying to emphasize their situation in the story.

## 5.2 Syntactic level

According to Halliday (1985), transitivity analysis conducted on the language of patients can reflect the ideational function. The data showed that the patients chose to express their depression by using verbs, which can be divided into three types:

Material Process Type, as found in passive tenses:

(6) [nuu doon mɛɛ saŋ haj ju ti kaan taŋ khan]

I was ordered to get an abortion.

(7) [nuu doon buun lii kha?]

I was bullied.

Sensing Process Type, as found in sentences that contain feelings:

(8) [raw khit waa mɛɛ maj rak raw]

I think Mom doesn't love me.

Relational Process Type, as found in sentences with a relational process or about the patient's relationships:

(9) [baən khroɔp khrua kɔ tɛk jɛk]

My house is a mess.

(10) [nuu pen phaa ra?]

I am their burden.

Sentences with verb [mii] (there is/are; has/have; got) reflect what happened in the story.

(11) [raw mii pan haa]

We have a problem.

(12) [man mii khwaam ruu stuk man mii pom taŋ tɛ lek lek]

As a child, I experience trauma. This feeling persists.

(13) [raw mii khwaam khit waa mɛɛ maj rak raw ruu ŋaj]

I have a feeling that Mom does not love me.

From the transitivity analysis, the researcher noticed that most of the experiences described by patients were related to relationships. The symptom is the bad feeling of the patients. Patients were the object in stories that were told in the passive voice, such as: [nuu doon mɛɛ saŋ haj ju ti kaan tuŋ khan] (I was ordered to get an abortion). This sentence shows that the patient wanted to express her feelings and to reveal the cause of the depression.

### 5.3 Lexical level

#### 5.3.1 Lexical choice

The lexical choice of the people referencing the depression of the patients showed that people do not view depression as a serious illness, but rather as ordinary mood swings. The lexical choice tends to reference the patient in terms of [khonbaa] (craziness) or humor, with the depression syndrome itself referred to as [sǎjjásàt] (supernatural).

**Negative routine.** Patients mentioned their daily lives to be repetitive with little to no change. The lexical choices here were [wonwian] (repeat), [wonluup] (loop), and [khɛɛ] (just). For example:

(14) [won wian juu tɛɛ liaŋ luuk jaŋ diaw ləɔj luuk kə rɔŋ tit tɛɛ raw waŋ maj daj ləɔj ca paj khaw hɔŋ naam ʔaap naam kin khaaw nii khuuu thuk jaŋ maj pen ra bop ləɔj]

I just raise my child. He cries, holding on to me. I can't do anything else. I can't even go to the toilet or take a shower or eat. Everything is a mess.

(15) [chii wit ca mii khɛɛ luuk la kə tham ŋaŋ]

My life is just my kid and work.

(16) [thuk wan nii look suan tua suuŋ maak khuuu maj ʔɔk paj naj ləɔj maj ʔɔk caak hɔŋ paj naj ləɔj kə juu tɛɛ bon baan naj baan bon baan luk khun maa tham khwaam sa ʔaat baan kwaat baan thuu baan ʔaap naam ʔa raj jaŋ nii tham kha? set leew kə khuuu klap paj nɔn won luup bɛɛp nii thuk wan]

I have my own world. I don't go out. I stay at home, doing chores and only that. Then I go back to bed. It keeps on looping like this every day.

**Negative behavior.** The lexical choice to express the patient's negative behavior such as [rɔŋ haaj] (cry) and [maj jaak cə khraŋ] (Don't want to see people).

**Negative emotions.** The lexical choice to express the patient's negative emotion such as [bua] (bored), [thɔɔ] (hopeless), and [nuaj] (tired).

#### 5.3.2 Hedging

Angkanitchakit (2004) states that hedging is a linguistic technique in which the speaker wants something but does not want to speak up because of uncertainty. From their words, it is shown that the speaker wants attention because the event that happened made them feel like they did not get any attention from their friend (Angkanichkit, 2004)

(20) [man mʉan baŋ thii phuan kə maj daj son caj ʔa raj bɛɛp nii ʔa kha? wee laa khaw paj naj khaw kə maj bɔk paj naj kə maj chuan thaa maj khɔɔ paj duaj tɛɛ kə khuj len kan pa ka ti khaw paj kin khaaw nuu kə ca jɛk maa khon diaw]

It's like my friends ignore me. When they go out they don't tell me, they don't invite me. I always leave at mealtimes to eat alone.

The words reflect upon the patients' lives, which they perceive as repetitive and without change, such as [wonwian] (repeat), [wonluup] (loop), and [khɛɛ] (just).

### 5.4 Pragmatic level

The analysis showed that the negative pragmatics indicators were conceptual metaphor, speech acts, and presupposition. As in the following examples:

#### 5.4.1 Conceptual metaphor

Conceptual metaphor is a method of expressing the meaning of something by using a different group of words to describe it (Lakoff and Johnson, 2003). Previous research shows that metaphorical approaches can reflect beliefs, attitudes, and implications (Munandar, 2019; Nurbayan, 2019). The results show that common conceptual metaphors to reflect depression are a dark room, waste, or something non-human. Comparing

source domain and target domain resulted in some connections: a dark room to a dark life, waste to a worthless life, shadow and devil to a non-human. These are shown in Table 2.

**Table 2:** Conceptual Metaphors of Women with Depressive Disorder

Source Domain	Target Domain
hɔŋ muut Dark room	phuum thii thii pit thup Restricted space
kha ja? Waste	maj mii khun khaa naj tua ?eeŋ Worthless
ŋaw Shadow	?a ma nut Non-human
de wiw ?eŋ cəən Devil	?a ma nut Non-human

The data showed that metaphor reflects the perspective of the patients when they feel that they are in a closed space in which they are worthless and cannot be helped. Examples are seen in these sentences:

(21) [raw juu khon diaw naj hɔŋ muut haa thaŋ ?ɔk maj cəə]

I am alone in a dark room. There is no exit.

(22) [doon thij juu khon diaw]

I was left alone.

Non-human beings were used to explain doubts and uncertainties and the feeling that something keeps holding them back:

(23) [khɔj paw huu ta lɔt wee laa waa ?an nii maj dii ?an nan maj daj tham haj raw suun sia khwaam klaa]

It keeps telling me what not to do, I lost of my courage.

(24) [man ca thiaŋ kan ta lɔt wee laa man ca juu ra waŋ klaaŋ baŋ thii raw khit jaŋ ŋia maj tham dii kwaa maŋ ?a raj ŋia]

The shadow/devil keeps arguing with me. I don't do what it tells me to.

#### 5.4.2 Using speech acts and presupposition

One method that appeared in the storytelling was that the patients would pose a rhetorical question, such as:

(25) [tham maj raw tɔŋ rɔŋ haaj]

Why do I have to cry?

(26) [tham maj raw tɔŋ beek rap phaa ra? waj thuk jaŋ]

Why do I have to take all of this?

(27) [mii khraj juu kap raw baŋ]

Is there anyone?

(28) [kuu pen ?a raj nia tɔn nii kuu pen ?a raj]

What happened to me?

These can be linked to the actual cause of depression. Using “why” in a sentence means that the question needs reasoning or motivation, but in speech, using [thammaj] (why) is a sign of cursing or sarcasm. This is according to Hunsringam (2011), who states that “why” indicates self-blame in speech and designates that the event in the past made the speaker believe incorrectly. However, the use of [thammaj] (why) in this research showed that the patients were cursing themselves, wanting to stop a particular behavior.

The summary of all results of this analysis are shown in Table 3.

**Table 3:** Linguistic Indicators via Negative-Perspective Language in Women with Depressive Disorder

Linguistic level	Linguistic strategy	Example
Textual	<b>Thematic function</b>	Textual theme "Then" Topical theme "I/me"; "Home"
	<b>Reason-result connector</b>	"But"
	<b>Additional connector</b>	"And then"; "And"; "Resulting in"
Syntactic	<b>Transitivity</b>	Material process: Passive construction Relational process: "Was" Mental process: "Think"; "Hate" Existential process: "There is/There are"
Lexical	<b>Negative thought</b>	"Bored"; "Tired"; "Annoyed"; "Hopeless"
	<b>Negative routine</b>	"Repeat"; "Loop"
	<b>Negative behavior</b>	"Cry"; "Unable to eat/sleep"
	<b>Hedging</b>	"Maybe"
	<b>Referencing</b>	The other refers to the patients: "Mad" The other refers to the depression syndrome: "A joke"; "Black magic"
Pragmatic	<b>Conceptual metaphor</b>	THE DEPRESSION IS DARK ROOM THE DEPRESSION IS WASTE THE DEPRESSION IS NON-HUMAN
	<b>Presupposition</b>	Presupposition triggers: A dependent clause that represents background information about the patient's reasons
	<b>Speech act</b>	Self-blame speech act Expressive speech act: Negative feeling

## 6. CONCLUSION AND DISCUSSION

In conclusion, this study analyzed the negative perspective of patients with depression via the analytical methods of Systemic Functional Linguistics (Halliday, 1985). Interviews between the researcher and 12 female patients were the means of data collection. The data was then analyzed on all linguistic levels. The findings show that all linguistic levels (textual, syntactic, lexical, and pragmatic) can represent the negative perspective of patients. Analysis of the textual level showed that textual theme and topical theme are used to reproduce a patient's negative experiences and situations. Moreover, reason-result connectors and additional connectors were found at the textual level.

At the syntactic level, the related depressive experiences reflected the ideational function of the patients. Transitivity was analyzed in the data. The results showed four processes: material, relational, mental, and existential. Analysis found usage of the passive construction in the material process. As well, mental processes were used to describe the negative emotions of the patients in the text.

At the lexical level, negative perspective was indicated in various ways. The lexical meaning was categorized by the negative thoughts, negative routines, and negative behaviors of the patients. Additionally, the patients used hedging through the phrase "may be" in order to express uncertainty in the reasons that support their thoughts. In the analysis of referencing, the data found the referent of the patient and the referent of depressive disorder; from the patient's point of view, they are referred to as "mad" and their disorder is referred to in terms of superstition and black magic. At the semantic and pragmatic level, conceptual metaphor, self-blame, and presupposition represented the negative perspective of patients.

The results of this linguistic analysis prove that, as per the systemic linguistic concepts of Halliday (1985), speakers choose different words depending on the story and ideas being conveyed. Depression is an illness that requires treatment. It is a well-known condition, but the causes and the symptoms are not fully understood. Much international research points out that patients usually experience a negative event or feeling in life (Pan et al., 2018; Zappavigna and Martin, 2018). This research aims to prove how the language used by the patients can reflect their negative mindset. The results can be categorized into four levels: textual, syntactic, lexical and pragmatic.

The textual level reflects upon the textual function. Textual themes and topical themes were present. These themes revealed traumatic events or negative feelings of the patients, as well as their position in society

and their home. Reason-result connectors were used to reflect on the cause of the disorder and additional connectors were used to show what the patients have to face, according to the research of Lachmar et al. (2017), which studied thematic function in online depression discourse. Patients with depression would refer to their dysfunctional thoughts most of the time. This research proved that patients often refer to an event that started it all, with a particular emphasis on self and space.

The syntactic level reflects upon the thoughts of the patient. Transitivity was present. The data found mental, relational, and existential process actions that refer to the emotions of the patient. Additionally, material process was also presented in passive voice of the story. Transitivity analysis showed that the way patients tell their stories reflects on how they value themselves. From the literature review, the researcher did not find evidence on using transitivity analysis on patients with depression; however, evidence was found in the research of Karimi et al. (2018), in which they used transitivity analysis on patients with cancer. The results showed that the patients expressed material processes in equal ratio with mental processes, because they wanted to express their normal daily lives. While emotive verbs were scarcely present in mental process, this reflected the normal daily lives of the cancer patients. Unlike this previous research, the present researcher noticed that the patients used a higher amount of mental process than other processes. If material process is present, the perspective on the story would tend towards the goal rather than the actor, while patients with depression would rather reflect on their own negative emotion.

In lexical linguistic strategy, the data showed that patients and their condition are referred to by their peers as crazy, funny, or supernatural. The patients' use of hedging, such as "maybe...", suggested that the patients required something but were unable to retrieve it. The words used to describe the daily lives of the patients showed signs of repetition. The patients are unable to move forward. Words such as "repeat" and "loop" were used. The data also showed negative behaviors (crying, inability to eat or sleep) and negative feelings (boredom, fatigue, irritability). The research suggests that word choice can be used to indicate the perspective of the patients (Angkapanichkit et al., 2019) and that patients often used the words "sad," "unhappy," and "lonely." This research showed that there is a fundamental misunderstanding about depression, given that surrounding people refer to the condition as crazy, funny or supernatural (Rotenstein et al., 2016).

On a pragmatic level, the strategies found were conceptual metaphor, speech act, and presupposition. Metaphor was used to compare the illness to a dark room, to waste, and to a non-human entity. Unlike the research from Lavanty (2015), which showed metaphors about emotions (sadness is down, happiness is vitality), this research showed the visual metaphors of the patients. Root cause and reasons behind the depression were also found. Patients also criticized themselves with open-ended questions.

The conclusion showed that indicators of negative perspective in women with depressive disorders can be seen on textual, syntactic, lexical, and pragmatic levels. The results illustrated that a patient will emphasize a certain point in the story when they felt sad or when there was an emotional trauma through textual theme, use of the pronoun *ฉัน* [nuu], and self-victimizing passive-voice sentences. Word choice included negative thoughts, negative routine, and negative behavior, which meant that the speaker was under pressure from the situation. Finally, pragmatic-level analysis showed that the speakers used metaphor to reflect negative feelings, solitude, and worthlessness.

This research was limited in terms of time and sample size. The research was negatively affected by the cancellation of some patients. The researcher suggests that if the data was categorized based on the frequency of each linguistic strategy, the final results would be more accurate. This research shows that analyzing the linguistic strategies of patients with depression can reflect upon the language functions of a negative perspective.

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