The Morality of Depression

A Theoretical Study on the Social Maintenance of Depression

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Abstract

This theoretical study depicts and highlights the seemingly individual phenomenon of depression in a social and collective light. Shame and guilt naturally invoke negative responses in people, yet, this has been found beneficial for the social solidarity of a collective. However, such emotions are oftentimes imposed by people and institutions in authoritative positions on their subordinates as a form of social control. This social control is masked under the virtuous face of morality. Thus, it is difficult for an already unstable mind, such as the depressed, to distinguish between constructive and toxic feedback when applying it to the self. The contradiction that arises is that a collective system of common interest manifests in a marginalising fashion and causes the deviant to further deviate from the normative collective. The purpose and aim of this inquiry are thus to investigate how the social construction of emotions and morality contribute to the maintenance of depression. The theoretical background largely shapes the analysis and is based on Charles Cooley’s concept of the looking-glass self, and Emile Durkheim’s study on suicide. A literature review on the research phenomenon also acts as an essential tool within the analysis as it helps grasp the core of the topic. The methodological approach is of a theoretical fashion as opposed to empirical. Furthermore, it uses the inference of abduction to construct arguments that illustrate the most reasonable explanation for the social nature of depression. The results showed that there is indeed a correlation between depression, emotions, morality and social control that manifest in a case of structural depression. Furthermore, the findings illustrated a fine balance between the intentions of morality and social control through emotive imposition, and the reality which seldom benefits the deviant members of society. Finally, the abstract nature of this study introduced representational limitations which in future empirical research can be modified by addressing context-specific structural depression.

Key words: Depression, morality, social control
# Table of Contents

1. **INTRODUCTION** ........................................................................................................... 4
   1.1. PURPOSE AND AIM ............................................................................................... 5
   1.2. DISPOSITION ........................................................................................................ 6

2. **THEORETICAL BACKGROUND** ..................................................................................... 6
   2.1. COOLEY’S LOOKING-GLASS SELF ...................................................................... 6
       2.1.1. The assertive and the sensitive self ............................................................... 7
   2.2. DURKHEIM ON SUICIDE .................................................................................... 8
       2.2.1. Egoistic Suicide ............................................................................................ 9
       2.2.2. Altruistic Suicide ....................................................................................... 10
   2.2.3. Anomic Suicide ............................................................................................... 10
   2.3. SUMMARY .......................................................................................................... 11

3. **METHOD** .................................................................................................................... 11
   3.1. METHODOLOGICAL APPROACH ....................................................................... 12
       3.1.1. Empirical versus theoretical conduct of inquiry ........................................ 12
   3.2. ANALYTICAL APPROACH .................................................................................. 13
       3.2.1. Analytical tools ......................................................................................... 14
       3.2.2. The empirical in the theoretical ................................................................. 15
   3.3. ETHICAL CONSIDERATIONS .............................................................................. 15
   3.4. THEORETICAL VALIDITY AND GENERALISABILITY ....................................... 16

4. **ANALYSIS AND RESULTS** ........................................................................................... 17
   4.1. THE EMOTIONAL CONTRIBUTION TO MORAL AWARENESS .......................... 18
       4.1.1. The sociology of emotions .......................................................... 18
       4.1.2. Shame, guilt and social solidarity ......................................................... 19
       4.1.3. Avoidance of shameful and guilt inducing behaviour ......................... 21
       4.1.4. Moral awareness through social receipt of emotion ............................ 23
   4.2. THE MORAL MAINTENANCE OF DEPRESSION ............................................... 24
       4.2.1. A disease of moral disconnectedness ..................................................... 24
       4.2.2. A disease of social disconnectedness ..................................................... 25
       4.2.3. A disease of moral maintenance ............................................................ 28
   4.3. SUMMARY OF ARGUMENTS ............................................................................. 28
   4.4. DEPRESSION: A SOCIAL STRUCTURAL DISEASE .............................................. 29
       4.4.1. Depression and the social bond ............................................................... 29
       4.4.2. Morality in mortality ................................................................................ 32

5. **DISCUSSION** .............................................................................................................. 33
   5.1. RESULT AND PURPOSE ..................................................................................... 34
   5.2. RESULT AND LITERATURE REVIEW ............................................................... 35
   5.3. RESULT AND THEORETICAL FRAMEWORK ...................................................... 36
   5.4. RESULT AND METHOD ..................................................................................... 37
   5.5. IMPLICATIONS FOR FUTURE RESEARCH ....................................................... 39

6. **REFERENCES** .............................................................................................................. 40
1. Introduction

Looking back only twenty years ago, one can see that contemporary normative presumptions have navigated towards a greater understanding and tolerance for people’s differences and struggles. This of course will vary in matter and context. However, the way in which we currently approach the topic of mental health suggests that we still have a long way to go in normalising it.

In 1994 David A. Karp wrote an article in which he illustrates the dialectic relationship between clinical depression and social experience. The article emphasises the intrinsic character of the emotional experience of depression, the way in which people fail to articulate an understanding for their own depression, the incomprehensibility of depression to “normal” people and finally the stigma attached to opening up about one’s mental health (Karp 1994, 343). Surprisingly today, twenty-five years later, there are still people who are expressing feelings of agony, confusion, shame, guilt and despair in concerns to their mental health. This suggests that there indeed is more to depression than mere individual misery.

Throughout centuries, shame and guilt in its various forms have posed as powerful tools of regulation within influential belief systems and by people in authoritative positions on both micro and macro scales (Allen & O’Boyle 2017, 82). Shame and guilt are negative secondary emotions composed by disappointment, anger and fear. Such emotions supposedly hold survival value because they enable the individual to engage in an introspective process in which he can adjust his behaviour to fit that of the collective (Turner & Stets 2005, 16, 19). Individuals in a collective thus aspire to abide by a common moral compass and set of norms, in which actions conforming to the moral expectations are virtuous, and actions that go against cause outrage (Stets & Carter 2012, 121).

In science, mental health has primarily been perceived as a solely psychological and individual issue. It was not until Emile Durkheim suggested its sociological relevance in 1897 that scientists began examining it from a social point of view (Allen & O’Boyle 2017, 85). The discovery was that psychological well-being appeared to be closely knit to social integration and whether individuals felt embraced by and connected to their communities. If this was not the case, humanity would arguably erode (Karp 1994, 342).

There are many classic studies in social psychiatry that have highlighted the significant role cultural beliefs play in shaping societal responses to people with mental diseases (Link et al.
Depression, much like a physical handicap is a form of disorder. However, contrary to a physical handicap, depression is experienced mentally and internally which is why its severity is not always detectable by other people. To an outsider, this might make it seem like depression is a choice and not a fact. Therefore, once it becomes evident that a person is depressed, they might be encouraged by the non-depressed to adopt a sense of self-discipline instead of recognising that mental illness is not an individual choice. Such a sentiment is therefore often counterproductive and might cause the depressed to experience shame, guilt and full responsibility for their unwelcomed behaviour. They might then become conflicted in how to eliminate it and align themselves with the collective norm (Karp 1994, 345).

Depression among other mental illnesses has long been a controversial subject and throughout history it has even been linked to plain insanity. For example, the mentally ill have in previous studies been described by the non-ill in negative and menacing terms such as dirty, unpredictable, dangerous and worthless (Link et al. 1999, 1328). Such labels in the discourse of mental health have arguably fuelled its stigmatization and caused sufferers of mental illness to experience a loss of social connectedness. Thus, it is curious to theorise on how shame, guilt and morality cause the individual to instead of adapting to the collective, disintegrate from it.

1.1. Purpose and aim

The purpose and aim of this study are to theoretically investigate the presumably individual matter of depression through a structural and collective lens. This is achieved by examining the theoretical possibilities for explaining the ways in which the social production of shame and guilt affect the individual in relation to a collective moral compass. Then, it is considered how morality can be understood as a mechanism that contributes to and maintains depression. Finally, this study evaluates the overall extent to which logical reasoning and theorising explain how emotions and morality can be used to regulate and integrate a deviant population.

Research question:

- How can regulatory mechanisms, such as social emotions and morality, contribute to the theoretical understanding of the social maintenance of depression?
1.2. Disposition

The present theoretical study is composited of five main chapters. It begins with an introduction that provides a background to the research phenomenon and its sociological relevance, a brief overview of the purpose and aim as well as the presentation of the research question that shapes the investigation. Next, it follows with a presentation of the theoretical background which acts as a prime tool in the analysis of the phenomenon. Then, the methodological chapter allows for an understanding of the logical reasoning and practical conduct behind the inquiry. This opens up for the analysis of the study which simultaneously acts as the bulk of the essay. This is where the research interest is dissected and contrasted to and re-built with the help of the given theories and analytical tools. This chapter also comprises a literature review which, instead of consisting of its own chapter, is strategically weaved into the analysis for the sake of cohesiveness. Furthermore, the literature review plays a significant role in illustrating the overall theme of this investigation and for the establishment of a research gap. Finally, a discussion of the results in relation to the previous chapters concludes this study with a feature on implications for future research.

2. Theoretical background

The purpose of this chapter is to introduce the theoretical framework which plays a significant role in the analysis of the research phenomenon. The first theoretical concept is Charles Cooley’s looking-glass self which suggests that the self is inherently social and therefore susceptible to the imagined judgements from others. This concept correlates well with the idea that depression is not only an individual matter, but a collective one too. The second theory is derived from Emile Durkheim’s sociological study on suicide. Durkheim’s study was an important scientific introduction to connecting emotional well-being to the presence or lack of social solidarity. Furthermore, it points out the need of a balanced regulative force in maintaining social solidarity. This relates to the idea of emotive morality as a form of social control, and how it can drive a deviant population to the brink of social disintegration. Together, these theories complement each other and act as a significant tool in the analysis later on in the study.

2.1. Cooley’s looking-glass self

Charles Cooley (1902) made a point to analyse the self (“I”) through a social aspect. The social self is a system of ideas drawn from the communicative life that the mind then cherishes as its
own (Cooley, 1902, 179). Therefore, there is no sense of “I”, as in pride or shame, without its correlative sense of you, or he, or they (Cooley 1902, 182). A dialectic relationship between the self and the group (“We”) means that the “I” is not stagnant or final at the birth of an individual. On the contrary, the “I” is self-conscious, reflective and adaptive to its cultural and social surroundings.

The looking-glass self is Cooley’s way of interpreting the dialectic relationship that occurs between the “I” and the ”We“, and how it is maintained. The looking-glass is a form of self-idea that relies on three principles (Cooley 1902, 184). The first principle is the imagination of our appearance to the other person. The second is the imagination of his judgement of that appearance. Finally, we experience some sort of self-feeling, such as pride or shame, in relation to the former principles.

Imagination and interpretation of feedback from others appears to be the key ingredient in Cooley’s formula. The thing that moves us to emotions such as pride or shame is not the mere mechanical reflection of ourselves (Cooley 1902, 184f). More so, what moves us is the imagined effect of this reflection through another individual’s perception. This is apparent from the fact that the character and weight of the other, in whose mind we see ourselves, makes all the difference with the way we are feeling. As individuals we always imagine, and in imagining we share the judgements of the other mind.

2.1.1. The assertive and the sensitive self

The assertive and aggressive self belongs to those whose attitude remains closed towards other’s judgements about himself (Cooley 1902, 207). This self mainly manifests in the individual’s need of power over objects that assert his own specific development (Cooley 1902, 180). Moreover, it corresponds to the danger of opposition from others who also need them. Objects in this sense extend from material to abstract e.g. a house, beauty, health, plans and ambitions and affection and attention from others. Such objects are therefore any conceivable idea that appears relevant to one’s life and the need of assertion against someone else. Finally, since the assertive self is extremely closed, it is not easily capable of the personal growth that is suggested by the looking-glass.

In contrast to the assertive self, there is the sensitive self that experiences an unstable sense of individuality (Cooley 1902, 206f). Here, the idea of the looking-glass self helps us understand how individuals can have power over each other through a hold of each other’s imaginations.
When the sensitive and unstable self tries to adopt knowledge, and conform to collective ideals, it might undergo a loss of equilibrium. Namely, when this individual is in the presence of an impressive personality, they are constantly imagining how they appear to the other. In this moment, they then accept the imagined image to be true to themselves. For example, if they are accused of dishonesty, they will appear guilty. Thus, the weakness of the sensitive self lies in the individual’s tendency to surrender and assimilate to the imagined presentation of itself in another’s mind.

If neither of the self-feelings mentioned above enable healthy growth and adaptation to the collective solidarity, then a mixture of both ought to be ideal (Cooley 1902, 207). An individual of a balanced mind is both assertive and sensitive. Hence, a healthy individual lifestyle requires a dual sense of stability and adaptivity.

Nonetheless, this is not to say that the balanced individual is never at crisis with their self-feeling in relation to the group. Many people of a balanced mind rarely know that they care about how other people perceive them (Cooley 1902, 208). With a sense of annoyance, they might even deny that the other’s perception of themselves plays a factor in how they live their lives. However, when the balanced mind experiences disgrace, failure and receives negative sanctions from the group, the illusion will burst. Having been used to receiving kindness and respect as opposed to coldness and ridicule, this individual now realises that they were living in the minds of others without knowing it. This internal conflict is experienced through the fear and helplessness of suddenly being an outcast. Therefore, even those who appear to have adopted Cooley’s looking-glass in the most efficient way, can at the end of the day still question their self-value in correspondence to the group.

2.2. Durkheim on suicide

Emile Durkheim was particularly interested in the phenomenon of suicide in relation to social integration and regulation. In the year 1897, he therefore conducted a study on how suicide manifests in different social contexts and what causes them. He centred his findings around four different types of suicide, three of which he devoted more attention to than the fourth. Therefore, fatalistic suicide is left out of consideration for the purpose of this study, and the focus will remain on egoistic, altruistic and anomic suicide.
2.2.1. Egoistic Suicide

The first type of suicide that Durkheim investigated is egoistic suicide. He named it as such because it relates to a state of excessive of individualism. In his study, he found that different societies influence their members and consequently the rate of suicide, differently (Durkheim 1951, 208). In other words, suicide varies inversely with the degree of integration of the social groups of which the individual forms a part. Nevertheless, society cannot wholly assume the responsibility of disintegration without the individual simultaneously detaching from social life. Moreover, the more weakened the social groups in which the individual belongs to are, the less likely the individual is to depend on them. If the individual then depends mainly on themselves, they will not recognise any other rules of conduct than those that are founded on their own private interests. This excessive individualism is what Durkheim refers to as egoism in egoistic suicide (Durkheim 1951, 209).

The collective force is one of the strongest factors in restraining suicide (ibid). When a society is strongly integrated, it provides its members with a larger meaning and purpose of life to hold on to. In this sense, individuals are under the control and service of society, which is why it implicitly forbids them from wilfully disposing of themselves.

Accordingly, the weakening of a collective results in a higher development of suicide (ibid). A society is unable to impose its supremacy upon its members if they refuse to accept their subordinate position as legitimate. If this is the case and individuals wish to desert, then society has indeed lost its authority to retain them within the lines of collective duty.

One aspect that can explain suicide through excessive individualism is the fact that as humans, we are too aware of our limited time on earth (Durkheim 1951, 210). The thought of this life, all that we have ever known, coming to an end is simply put unsettling. Therefore, we find comfort in practices and beliefs that align us with a collective and promotes social solidarity. It is important for individuals to hold on to something that transcends our worldly existence e.g. our children and family name (ibid). Similarly, it is just as important to believe that there is a purpose justifying life’s trials e.g. a rewarding afterlife promised by religion. The self alone is not a sufficient end for its activity, for it is too little. Upon this realisation, the individual will dwell in the terrifying thought that in the event of their death, their efforts will end in nothingness. Finally, since its uncertainty contradicts the very essence of human nature, a state of egoism is incompatible with any chances of permanence in life.
2.2.2. Altruistic Suicide

The second type of suicide studied by Durkheim is called *altruistic suicide*. Much like egoistic suicide, it deals with degrees of integration between the individual and the social groups in which they belong to (Durkheim 1951, 217). On the contrary however, altruistic suicide emphasises a state of *insufficient individualism*. Hence, when an individual has become detached from society, they encounter less resistance to taking their own life, and they do so likewise when social integration is too strong.

When a person commits altruistic suicide, it is not because they assume the right to do so, but because they feel it is their *duty* (Durkheim 1951, 219). Durkheim found that this occurred primarily in cases of men stricken with sickness on the threshold of old age and followers or servants upon the death of their chiefs. He also noted that if such a person insisted on living, they lose public respect because they failed to pursue their obligation and duty of honour. This kind of failure often results in punishment, usually by religious sanctions claiming that an afterlife of horror awaits them. This weight of society eventually leads the individual to self-destruction.

For society to be able to convince some of its members to dispose of their lives, the individual personality must hold little value (Durkheim 1951, 220f). To enable this, the individual must be highly integrated and almost completely absorbed in the group. Hence, altruistic suicide resides on the structural prerequisite of social privilege in the sense that it is targeted towards individuals who inhabit a minor social status.

2.2.3. Anomic Suicide

Durkheim (1951, 241) describes that society is not only something attracting the sentiments and activities of individuals with unequal force, it is also a power controlling them. Through anomic suicide, he explains that there is a correlation between the social suicide-rate and the way this regulative action is performed. No living being can be happy or exist if their needs do not meet their means.

For example, if the individual’s needs trump their capacity or ability to require them, they will be left dissatisfied (Durkheim 1951, 246). This is a unique trait to humans who due to their developed nature, contrary to animals, experience a more awakened reflection that suggests better conditions. Indeed, unlimited desires are insatiable, which to humans is a sign of morbidity.
Anomic suicide due to unmet desires can manifest in sudden detrimental events such as an economic crisis (Durkheim 1951, 247). However, the other possibility is that anomic suicide occurs due to a surplus of materialistic matters. In order for the individual to experience their existence as meaningful, they need goals along with the knowledge that they can attain those goals. But when they walk towards no goal or when their goal is infinity, the individual will stop advancing and lose their sense of significance (Durkheim 1951, 248).

To deter from the extremes of anomic suicide, passions must first be limited. But individuals are in no position of limiting them by themselves, this is where the external regulating force of society comes in. A regulative force must play the same role for moral needs which the organism plays for physical needs. This means that the force can only be moral. It alone can estimate the reward to be offered to every class of human functionary, in the name of the common interest (Durkheim 1951, 248f). In an optimal situation, this sense of common interest is internalised by the individual without the awareness of a regulative force. Therefore, it is only when the individual experiences a surplus or deficit in goals, i.e. a lack of social regulation, that they are at risk of committing anomic suicide.

2.3. Summary

The self is highly influenced by its social surroundings. Consequently, emotions and morality arise in social interaction, which suggests that social control does too. Therefore, the social integration and regulation of a population is dependent on the fundamental dialectic relationship between the self and the group. In sum, the presented theories are ideal for this inquiry as they deal with both the individual and collective aspect that is stressed in the purpose of this study.

3. Method

This chapter outlines the method of the essay, which is theoretical as opposed to empirical. First, the method of theorising is described, and its relevance is argued for in relation to the purpose and aim of the essay. Secondly, this chapter sheds light on the abstract nature of the essay whilst discussing why alternative approaches and methods were taken out of consideration. Thirdly, an overview of logical reasoning with a focus on the inference of abduction is put into context of this essay. This chapter also brings forth relevant ethical considerations in relation to the researcher’s standpoint and to the overall study. Finally, the
theoretical aspect of validity and generalisability is discussed along with a presentation of limitations that may disservice or compromise the results.

3.1. Methodological approach

The present essay will take on a theoretical approach of analysis instead of the conventional use of empiricism. In this study, theoretical method specifically refers to the act of theorising i.e. forming a new approach or hypothesis to an existing phenomenon. This is achieved with the help of the theories mentioned in the previous chapter. Therefore, theorising in this case does not pertain to the questioning of an already established theory, but to using such theories to further build and develop a scientific claim about a given social phenomenon.

The theorising is carried out through a process of logical reasoning where depression is linked to moral social control. This is achieved through the formation of arguments that ultimately reveal a new scientific approach to the nature of depression. Before moving onto introducing the relevant analytical tools, the choice of method will be further motivated and evaluated in relation to the purpose and aim of this inquiry.

3.1.1. Empirical versus theoretical conduct of inquiry

Conducting an empirical study about depression, suicidality and social control would first and foremost have introduced the issue of ethicality. Is it ethical or exploitative to ask people to share their personal experiences of such a sensitive matter? To answer this question, the investigation would have required to pass an ethical review process in which the researcher undergoes self-assessment and ensures he has the participants’ best interest in mind (Bryman 2018, 180ff). Only if the ethical review committee confirms the study as ethically appropriate, the researcher can begin gathering his sample and data.

Due to its nature, this investigation would have been difficult to carry out in an empirical environment for three main reasons. Firstly, because of the practical limits of this assignment, the results of an empirical investigation would appear premature and unreliable. These limits appear mainly in the form of time, extent, sample size and lack of research experience. Secondly, it is simply a sensitive matter of discussion which would present several ethical issues throughout the investigation process. Arguably, not many people, who upon meeting a stranger in a seemingly scrutinising context, would be willing to share their personal experiences of depression and exclusion. Therefore, it could take a long time for informants to feel comfortable and safe enough to share their story. Moreover, even if such informants were
available, their contribution could still have its unfavourable consequences in terms of the trustworthiness of the results. For example, they could experience a pressure to relieve the researcher of his task and simply provide him with the information they think he wants instead of the information he needs. Finally, since it is such a sensitive topic of investigation, the researcher could also compromise the results if he feels the urge to comfort the informant or refrain from asking questions that might be received as too intruding.

To avoid all these complications, one could very well conduct a text analysis in which the material of personal experiences of depression is gathered from non-scientific sources. Such sources are everything between social media forums, podcasts and newspapers. However, this too would not be relevant for the investigation which is explained in the third main reason below.

The choice of a theoretical method emerges from the fundamental interest of this essay, which is to investigate the abstract relationship between depression, emotions, morality and social control. Abstract in this sense refers to a society’s normative structures that often go unaddressed in an everyday context. General examples of this are structural racism, sexism, classism and ageism. In an everyday context, our habitual thought processes might not question why a group of black men are denied entry to a night club. Neither would most people think twice if a young female is belittled by a man in an argument or if a lower-class member is deemed ignorant and unmotivated in life.

Similarly, our habitual minds seem to endorse the idea that depression is a choice, and that it is therefore the individual’s responsibility to invoke positive change. But when we insist on scrutinising the individual case, we fail to recognise the structural power relations that largely diminish and marginalise the voice of the minority. Therefore, the concrete human experience of depression, its contributions and consequences are not of prime interest here. Instead, this essay is centred around the abstract structural formation and maintenance of societal beliefs and its ability to organise a deviant population. This is believed to be achieved with a theoretical approach of method in mind, using logical reasoning which is described in the following section.

3.2. Analytical approach

Carleheden (2014, 431) details Charles Sanders Peirce’s idea that “logic is the art of devising methods of research”. To reason and argue is not simply a way to describe or report
observations made in the field i.e. positivism (Peirce 1934; Carleheden 2014). Reasoning concerns the relations between the objects we observe. Peirce’s attitude to scientific research claims that relations cannot be observed in a strict sense. Instead, logic derives from the art of reasoning because without explaining things, science is non-existent. This logic reasoning shapes the methodological conduct of analysis in this essay.

3.2.1. Analytical tools

Logic reasoning is comprised of necessary inferences i.e. deductions, and probable inferences i.e. inductions (Carleheden 2014, 432). In a formal sense, deduction is the true form of logic. Such an inference is logically valid but empirically empty (Carleheden 2014, 433). Unless it is fed by correct premises, it is useless. As opposed to deduction, inductive inferences are empirical but not necessarily logically valid. They are the tools that help us see how often one phenomenon correlates to another in the ordinary course of experience.

But the main issue with these two inferences is that they do not help us understand relations between objects (Peirce 1934). Therefore, they are also unable to explain our observations. This made way for the introduction of a third inference called abduction. Abduction provides a medial solution to logical reasoning. It is empirical just as induction, but the conclusion is reasonable rather than probable or necessary. In contrast to induction this kind of inference goes backwards which is why it is sometimes called retroduction. It is essentially an explanatory hypothesis and helps therefore achieve what deduction and induction cannot: a causal clarification.

Abduction, or retroduction, allows us to investigate the conditions of the possibility of something. In other words, we adopt a hypothesis for the sake of its explanation of known facts. For example, Mona left her back-door open and now she cannot find her cat. Surely, one plausible explanation could be that someone broke into her home and stole her cat. But given the rule and the effect, i.e. if you leave the back door open your pet will probably run away, she can abduct the most likely cause for not finding her cat in this scenario, namely that she left the back-door open.

Discovery thus begins with observation (Carleheden 2014, 434f). This does not necessarily refer to the literal act of observing your subject in the research field, but that theory takes its point of departure in known facts. This is seen in the rule and effect of Mona and her runaway cat. In this sense, abduction i.e. the construction of a hypothesis, is empirical in contrast to
deduction, but it is also empirical in a different way than induction. A scientific investigation must therefore usually, if not always begin with abduction.

All in all, deduction is used to work out the suggested hypothesis (Carleheden 2014, 434). Induction aims to test the hypothesis against the given facts. Abduction is the process through which a theory or hypothesis is produced. The three types of inferences are therefore independent, yet part of the same system. Because this essay is set to determine the causal likelihood of a certain rule and effect, the tool of abduction will be utilised in the analysis as opposed to the former two.

3.2.2. The empirical in the theoretical

So far, the theoretical significance in research as opposed to the empirical has been highly stressed. Even so, there is an undeniable empirical element within the theoretical field of science. It is impossible to theorise without empirical content, which is why theory is always about something (Carleheden 2014, 434f). Here, this manifests as following.

Inquiry often starts with a surprising fact, which in this case is that depression thrives on a structural and societal level (Peirce 1934; Carleheden 2014, 438). Next, it continues with a perceptual judgement which has been shaken i.e. depression is not a mere individual and biological phenomenon. Furthermore, it reveals a habit that suddenly does not work anymore. Here, this is expressed in the reference to and treatment of depression as only an individual and not a structural phenomenon. Finally, it ends with a modification of everyday life which in this investigation implies suggestions of how depression ought to be treated.

With this in mind, Peirce’s theoretical inference of abduction contributes to a better understanding of the investigational matter at hand. In line with its explanatory interpretation, this inference can help create a hypothesis for and interpret the meaning of depression in relation to regulative social structures, morality and emotion. Hence, although the present study relies on theorising, it still deals with worldly phenomena which hints at the essence of empiricism.

3.3. Ethical considerations

In any kind of scientific research, the researcher must be aware of the ethical aspect of their study in relation to the subject and field that they are investigating. In an empirical study, this often means entering the field in a respectful manner and keeping the participants’ best interest in mind (Bryman 2018, 184f). Since the present essay is of a theoretical sort and there are no
contributing participants, the latter consideration is not of relevance. Instead, the ethical focus of this essay is centred around the sensitive nature of the topic itself and how the researcher’s own social position contributes to the overall representation of the topic.

The main issue that usually springs to mind when reading an essay that highlights the structural experience of a minority, is whether the author himself has personal access to that experience. When this is not the case, the study may come across as contradictory and misrepresentative in that it aims to lift the subordinate through the words of the superordinate. As a researcher and author, it is therefore key to practise reflexivity, transparency and establish upright intentions throughout the course of the study (Bryman 2018, 185).

The interest for this investigation comes from my personal extended experience of depression and suicidality, and my fascination for how much of a taboo mental illness is to this day. After years of having felt sole responsibility for my poor mental health, I was curious to delve into the notion that there indeed are social and collective factors to this seemingly individual phenomenon. Hence, this investigation is not conducted on an exploitative basis or through the perspective of the superordinate. It is simply a sociological attempt at understanding my own experience of depression and suicidality through a structural lens, while hopefully helping others to do so as well.

### 3.4. Theoretical validity and generalisability

Given the personal aspect mentioned in the ethical considerations above, the main complication in validity and generalisability is researcher bias. Researcher bias implies that the researcher’s own motivations and preconceived ideas compromise the objectivity and credibility of a study (Bryman 2018, 65). This proneness can furthermore be amplified by the tendency for sociologists to sympathise with oppressed social groups. In order to avoid researcher bias, it is of great significance to engage in a continuous reflexive, self-reflective process. A reflexive researcher is aware of how their personal values and experiences contribute to the validity and reliability of a study.

Regarding credibility in relation to the purpose and aim of this study, it is an overall advantage to adopt a theoretical method instead of an empirical one. Firstly, analysing with the mechanical inference of abduction allows there to be a distance between the objective nature of a scientific study, and the subjective matter of depression. Secondly, the investigation is not dependent on accessing a field nor on gathering hands-on material from its members. Hence if
replicated, the results of the study would not be compromised due to limited material or an inaccessible field. Instead, the main compromise would be researcher bias and the reliance of one’s own values and pre-conceived ideas.

Inevitably, there will be a set of limitations that affect the results of this study. The main one being the general and abstract presentation of depression. Admittedly, this study examines the possibility that structural forces aid in the prolonging of depression. However, the concern is that although mental illness is generally seen as an abnormality, it is not necessarily treated the same universally. In some countries and cultures, the negative reaction to depression is more severe than others. Therefore, different parts of the world provide different resources and solutions for its treatment, whether that be practical solutions or verbal sentiments that are intended to steer the abnormal person in the desired direction.

If reactions to mental illness are heterogeneous across the world, it means that approaches to shame, guilt, morality and social control are too. The link between these factors is of a unique balance within each context. Furthermore, said reactions and approaches exist on micro and macro scales. This means that institutions on different scales will react according to their internal system of beliefs, rules and regulations. For example, a macro scale institution is the government or a religion, while micro scale institutions are more intimate, such as a family. Therefore, the social maintenance of depression can vary significantly in practice.

The results and generalisation of this study can only be so accurate. After all, this study is only an attempt at illustrating the plausible structural nature of depression. Further empirical research can act as a favourable complement to this theoretical inquiry since it may provide a better generalisation of the variance in social control over depression.

4. Analysis and results

This chapter consists of the analysis and results of the study. It is divided into three main sections. The first two sections contain the main arguments that support the aim and purpose of the investigation. Each argument is composed of two premises and one conclusion according to the inference of abduction. The first premise is the rule. It guides the argument and shows the likely correlation between a cause and an effect. The second premise introduces the effect of a phenomenon. Finally, the most likely cause is abducted.

Each section in this chapter begins with a brief literature review. This gives an overview of the phenomena and its scientific relevance. Furthermore, it serves as an introduction for the first
premise of the argument. After the first premise has been introduced, it is analysed with a fictive example in relation to the literature review and Cooley’s theoretical concept of the looking-glass self. It is important to stress that the fictive examples are not an attempt at substituting empirical data, they are simply the tools that allow for a concrete understanding of the abstract, theoretical arguments. For the sake of cohesiveness and accuracy, this fashion is repeated in the next premise. Finally, the two premises lead to the conclusion and result of the argument.

The first argument defends the general marketing and use of morality in the form of shame and guilt to reintegrate and regulate a deviant population. The second argument dismisses this formula by applying it to the abnormalities of depression. Namely, it attempts to emphasise the likely backlash caused by imposed morality. The final section evaluates both arguments in relation to Durkheim’s study on suicide, social integration and regulation. This ultimately reveals which argument is the most logical regarding the social maintenance of depression.

4.1. The emotional contribution to moral awareness

4.1.1. The sociology of emotions

For many sociologists, emotions are largely socially determined phenomena (Turner & Stets 2005). This comes from the idea that what people feel is influenced by participation in social practices and socialisation into culture. During the socialisation process, the individual learns an emotion vocabulary that allows them to name internal sensations associated with objects, events and relations in a social and cultural sense. Thus, emotions are social and emerge through interaction with others.

The individual employs a wide variety of emotions that are divided into primary and secondary, and positive and negative categories. Primary emotions are transcultural in the sense that they are globally recognised as the same, for example happiness, sadness and anger (Turner & Stets 2005). Secondary emotions in turn consist of various mixtures of primary emotions, and do not manifest as homogenous across the world the way primary emotions do. To stay true to the scope of this essay, the main emotions that will be examined are the negative secondary emotions shame and guilt. The first argument of the analysis will now be presented.
4.1.2. Shame, guilt and social solidarity

In *Putting the Self Into Self-Conscious Emotions: A Theoretical Model*, Tracy and Robins (2004) describe shame and guilt as self-conscious emotions that are central to motivating and regulating people's feelings, thoughts and behaviour. Although they are negative, such emotions can still drive people to work hard and to behave in moral, socially appropriate ways in social interaction and intimate relationships. This is primarily due to the individual's fear of losing social status. Hence, every social act is influenced by the slightest chance of public shame or a loss of face.

A similar idea is present in *A Theory of the Self for the Sociology of Morality* by Stets & Carter (2012, 121). The authors explain that feelings of shame and guilt serve as a motivational force during social interaction. If a behaviour is negatively received by others, shame and guilt enable the individual to modify that behaviour to something that generates a positive reaction instead. Hence, they will have readapted to the given script in a social situation.

A common conclusion among sociologists is that much like emotion, morality is also a collectively produced vocabulary, or script, of virtuous behaviour. Broadly speaking, morality is a representative of cultural codes that specify what is right or wrong, good or bad and acceptable or unacceptable in a society. Such a script serves a meaningful purpose within the formation and maintenance of group solidarity. In this sense, emotion and morality meet on a common ground. Hence comes the first premise and rule of this first argument (P1:1):

\[
\text{P1:1. If shame and guilt contribute to the awareness of a collective morality, then the individual is most likely going to avoid behaviour that causes feelings of shame and guilt.}
\]

Shame and guilt appear to be an integral part of morality. These emotions, although negative, encourage the individual to evaluate their behaviour and reflect on whether or not it benefits their collective identity and the collective overall. In fact, the very idea that *negative* as opposed to *positive* emotions drive the individual to a state of introspect, is an important factor to consider. Arguably, if all we experienced were positive emotions, such as joy and pride, the need for forgiveness and reconciliation would become irrelevant.

Negative emotions bring about a sense of internal discomfort. Surely the level of discomfort is relative and will vary depending on the situation and on the individual’s overall self-feeling.
Nonetheless, any level of discomfort is often enough for the individual to consider possible flaws in their behaviour that go against the collective morality.

To provide a tangible illustration of this claim, consider this general and fictive depiction of how children can adopt a moral compass through social emotions. A child recognises that if he hits his sibling, his parents will become angry with him. In turn, his parents’ anger will cause him a great deal of discomfort and internal conflict e.g. shame and guilt. Receiving negative sanctions from significant others, especially at such an early age, will activate a moral vocabulary of good and bad and right and wrong. Accordingly, this enables the child to take reparative action. Therefore, he will most likely learn that it is in his and his family’s best interest to refrain from such immoral conduct altogether. This example is of course simplified for the sake of the argument since learning a moral vocabulary would probably require the reception of many negative sanctions throughout the course of time. However, it manages to illustrate a justifiable purpose behind the use of shame and guilt as moral regulative mechanisms of social behaviour.

Next, consider the following application of the looking-glass self onto the previous example of the child hitting his sibling. Say the child hits his sibling because he stole his toy, stealing being another kind of immoral act. The child thinks it is only fair to hit his sibling because in his mind a negative act deserves a negative sanction. However, hurting someone is also a negative, immoral, act. Therefore, his parents are disappointed and angry with him. The child notes his parents’ negative reaction and imagines himself appearing disobedient in their minds. Then, he imagines their judgement of his disobedience to be negative. Finally, he experiences feelings of either shame or guilt regarding his immoral actions. In the future, the child would most likely have learnt that he ought to not hit his sibling. Thus, shame and guilt are indeed social emotions that encourage the communicative flow of the “I” and “We”. 

So far, it has been reviewed that morality ultimately binds people together through a common system of rules and expectations during interactions (Stets & Carter 2012). Furthermore, Cooley’s theoretical concept of the looking-glass self has illustrated the idea that if negative sanctions are placed on the individual, they will most likely take reparative action. Therefore, this supports the idea that uncomfortable and seemingly trivial feelings of shame and guilt can have a positive influence on deviant and immoral social behaviour.

However, this only scratches the surface of this argument. Although the "We” constitutes a collective, its “I” members will to a degree differ in personalities and self-feelings. This affects
the level of receptiveness to Cooley’s looking-glass self, and will be further discussed within the next premise in the section below.

4.1.3. Avoidance of shameful and guilt inducing behaviour

For June Price Tangney (1995a; 1995b; 2002) shame and guilt are indeed evaluative emotions. In her various research on the social role of shame and guilt, she explains that such emotions enable the individual to examine and evaluate their actions and feelings in relation to their goals. Nevertheless, she believes there is a clear distinction between shame and guilt and the meaning of these emotions in a moral context.

To begin with, the experience of shame is directly about the evaluation of the self. In guilt however, the central object of evaluation is not the self but the thing that was done and brought about the negative sanctions. This means that those who experience shame view themselves as a bad person, whereas those who experience guilt only believe they did a bad thing. In this sense, shame is an intense negative feeling that is associated with a shrinking self wherein individuals feel small, worthless and powerless. Furthermore, those who feels shame worry about what others think about them and wish therefore to hide, disappear or escape situations. On the contrary, feelings of shame can very well activate a hostile attitude towards the object that triggered the shame. If so, the aim is to attempt defending the attacked self.

Even so, Tangney (1995a; 1995b; 2002) points out that in the distant past there may have been an adaptive function to shame, since it does rely on introspection and self-change. Today, the maladaptive and morally problematic nature of shame lies in the likely possibility for individuals to engage in self-blame rather than self-growth. Shame is a pro-aggressive emotion that interrupts the empathic process in people. It inhibits the potential for self-growth, which therefore is mainly associated with guilt.

Guilt is not as intense of an emotion because it focuses less on the self and more on the actual committed offense and its consequences. Since the whole self is not under scrutiny, it can more easily take reparative action and navigate itself through the negative sanctions. Hence, guilt motivates people to experience empathy and a desire to reconnect with others, whereas shame causes people to isolate themselves and disengage from social relations. Thus, for Tangney (1995a; 1995b; 2002) guilt is the moral emotion out of the two. This introduces the effect, i.e. the second and final premise of the first argument (P2:1):

P2:1. Individuals avoid behaviour that causes feelings of shame and guilt.
Although Tangney (1995a; 1995b; 2002) stresses the moral nature of guilt, and the somewhat immoral nature of shame, it is still possible to argue that shame opens up for moral awareness and conduct. However, the crucial factor to consider here is the individual self-feeling as spoken by Cooley (1902). The self can comprise of an either assertive and aggressive self-feeling, or a sensitive and unstable one. It can also consist of a combination of the two which Cooley refers to as the “balanced mind”.

This idea can be paired with Tangney’s (1995a; 1995b; 2002) concept of moral emotions in a few ways. Firstly, shame appears to fit the assertive individual due to its tendency to be closed and pro-aggression. Assertive individuals’ attitudes are generally closed to judgements from others regarding their own behaviour. This means that if they were to experience guilt, they would have to let go of their need to hold power over objects that assert their individual progress against someone else’s. Accordingly, guilt seems to fit the sensitive individual since those who experience guilt wish nothing but to reconcile and reinstitute themselves with the group. Examples of how these pairings can manifest in practice are presented next.

Let us begin with the assertive individual in relation to Tangney’s (1995a; 1995b; 2002) evaluation of shame. Take the case of a man who is confronted by his girlfriend upon minimising her experience of depression. She lets him know that she is uncomfortable and does not appreciate his insensitivity. Through the looking-glass self and in his girlfriend’s mind, he sees himself as an unjust actor, and more so partner. The shame that emerges from being confronted causes him to take on an aggressive and defensive approach towards his girlfriend’s concerns. He dismisses her further and tells her that she is overreacting. In this case, dignity appears to be the common object of desire as described by Cooley. The woman attempts to claim her dignity by speaking up when having been treated in an unjust and demeaning manner. However, since her boyfriend is assertive, he is incapable of effectively assessing judgements about himself from others. He feels the need to defend his entire self which to him appears to be under scrutiny. In other words, he needs to defend and hold power over his dignity.

This brings us to the second type of individual, namely the sensitive one who experiences guilt and is consequently extremely open to self-evaluation through other’s judgements. In minimising his partner’s experience of depression, we can observe that the man’s need to hold power over his dignity compromised hers. In the presence of an overwhelming personality, the sensitive self can find them to appear compelling. In this case, if the assertive man behaves as
if the sensitive woman is overreacting, she will accept the imagined image of her overreacting to be true to herself. Hence, her sense of guilt might cause her to go as far as apologising for confronting him in the first place. Finally, there is a fine line between blaming the act and blaming the entire self. If she continues to believe she is a melodramatic person that causes others discomfort, she might end up experiencing shame as opposed to guilt. In turn, this will enable further social fragmentation.

So far, the assertive self has shown us to be mainly incapable of self-evaluative motion regarding imposed judgements from others. This corresponds to Tangney’s (1995a; 1995b; 2002) view on shame as immorally induced emotion. On the contrary, the sensitive self has revealed itself to be overly adaptive and willing to adopt any judgement imposed by the other. Cooley therefore presents a combination of the extremely assertive and sensitive individual, namely, the balanced mind. If both parties in the example above had a balanced self-feeling, they could consider the different perspectives and at least meet halfway. This is to say that the man would simply recognise his wrongdoing, experience guilt regarding the deed and therefore wish to right his wrong. Finally, the woman would be less consumed by her partner’s judgements and feel she has a right to assert herself in the situation.

The second premise has illustrated that individuals are capable of, and in some cases even willing to, modify shameful and guilt inducing behaviour that misaligns with the collective morality. This is however not as straight forward as the premise suggests. The ambition to modify negative behaviour relies partly on varying self-feelings. Finally, in any case of self-feeling, judgements from others will not pass the individual without denting the self. Hence, shame and guilt might not always lead to a positive change in behaviour, but it does enable the individual to at least reflect upon his behaviour in relation to the collective morality.

4.1.4. Moral awareness through social receipt of emotion

Having reviewed the rule (P1:1) and the effect (P2:1) of this argument, we can finally abduct the most likely cause and therefore conclusion (C:1):

C:1. Shame and guilt most likely contribute to the awareness of a collective morality.

The presented research and premises for this argument emphasise the relationship between social solidarity, emotional self-awareness and well-being. Furthermore, this argument defends the idea that as a part of a moral system, shame and guilt have a positive influence on
individual’s behaviour. Ultimately, shame and guilt are produced to keep individuals integrated in society through internal monologues and feedback from others (Stets & Carter 2012, 125). Therefore, moral awareness arises through emotional social receipt.

4.2. The moral maintenance of depression

4.2.1. A disease of moral disconnectedness

So far, shame and guilt have been argued to serve a positive force of motivation in both an individual and collective sense. However, this paints a one-sided picture of the impactful ways shame and guilt can operate in a society. Scheff (2001) argues that shame is only effective if acknowledged for what it is when negative sanctions are placed on the individual. If the individual proceeds to respond with a behaviour that generates positive sanctions, then the initial shame can act as a source of mutual respect and strong social bonds. When shame however remains unacknowledged, it becomes repressed and might lead to negative social dynamics. This relates to Tangney’s (1995a; 1995b; 2002) idea of the social and moral outcomes of shame and guilt, only Scheff speaks of it through shame alone.

However, utilising negative emotions as a positive force of motivation might risk the contradicting result of emotional disconnection between persons (Turner & Stets 2005). For Hitlin and Vaisey (2013, 53f), there is a new approach emerging in sociology that no longer rests on the assumption that morality is a mere glue that holds society together. The authors argue that rather than belonging to society, morality belongs more to cross-cutting groups. Recent sociological research has shown that religions, generations, occupations, educational groups, social movements and organisations can all have their own moralities. Thus, morality can indeed bind groups together, but it can also be the subject of negotiation, contestation and exclusion. This notion introduces the first premise and rule of the second argument (P1:2):

P1:2. If shame and guilt cause the depressed individual to disintegrate from the collective, then morality contributes to the maintenance of depression.

The act of imposing shame or guilt on someone can sound carefully targeted and inherently sinister. Of course, in many cases this is true, but sole focus on this perspective deters us from the everyday encounters and instances in which this act is subconsciously carried out. Emphasis is put on “subconscious” because as argued for in the previous argument, moral awareness is a product of social receipt through emotions. Since emotions are innate to our self-feelings, we often judge moral or immoral conduct by default.
In this fictive example, Phoebe’s friend Leo suffers from depression. His mental state causes him to isolate himself and withdraw from social gatherings which is why he has also developed social anxiety. To support and cheer Leo up, Phoebe decides to throw him a surprise birthday party as is something that has often been appreciated in their social group. However, upon surprising Leo, he is overwhelmed by the amount of people and positive attention that has been placed on him as he does not feel worthy of it. He immediately leaves the party and the guests are left confused and shocked over how someone can be so inconsiderate to leave a social gathering in his honour. Later, Leo finds out the negative responses from the guests regarding his exit, even though some of them were aware of his depression. He finds himself in a deep state of shame and guilt when recognising that he has hurt people. In the present example, it is shown how both parties i.e. the depressed and non-depressed judge immoral behaviour through emotional default.

Leo experienced both shame and guilt regarding his behaviour. The guilt was related to the act of exiting his party without notice, but it later connected to a much deeper sense of discomfort, namely shame. He felt ashamed of himself for hurting his friends by not attending the social gathering, something he often tended to do. Recovering from this behaviour and reconciling seems beyond him now. In order to stop hurting others, Leo’s moral compass tells him it is better to continue isolating himself than making amends. Recurring immoral acts eventually point back to flaws within the entire self. With the enforcement of shame, this causes the depressed individual to disintegrate from the social solidarity. This is further investigated within the next premise.

4.2.2. A disease of social disconnectedness

In his article *The Dialectics of Depression*, David A. Karp (1994) notes that the emotional health of individuals, and ultimately society itself, is highly connected to how securely individuals feel embraced by and connected to their societies and communities. This suggests that the self consists of the bond between the individual and the social world. Therefore, repressed shame can lead to negative social dynamics which in turn present a threat to the social integration of individuals. Eventually, this threatens the very maintenance of social solidarity.

To feel like you have no place or purpose within your community can lead to great suffering. Karp (1994) explains that depression is indeed a form of social disintegration. When the pain of human association leads to withdrawal and isolation, the self loses its social function and starts to wither. During a paralysing episode of depression, the pain comes from the recognition
that what might make one feel better i.e. human connection, seems impossible. Therefore, as an illness of social isolation and disconnection, depression has critical implications for the individual’s ongoing self-definitions.

Those who are depressed often view themselves as having a self that has failed and needs to be fixed, if not replaced altogether. The perception of a failed self is closely linked to violations of moral standards through shame. Thus, when shame is left unacknowledged, it can lead to negative social dynamics (Scheff 2001; Stets & Carter 2012, 125).

When Scheff (2001) applied his theory on shame to depression, he too found that the source of emotional pain is rooted in a lack of secure social bonds. The resulting alienation from society activates feelings of shame which in turn are suppressed. However, Scheff observed that when patients would recount a memory where they felt belongingness to a community, they seemed uplifted and more alive in their speech and mannerisms. He concluded that this happened due to the way solidarity within a community brings about feelings of connectedness, hope, and wards off the depressive mood. Hence, a socially integrated individual is in a greater position of eliminating feelings of repressed shame and guilt than someone who is not socially integrated. The second premise in the second argument (P2:2) reads as follows:

P2:2. Shame and guilt cause the depressed individual to disintegrate from the collective.

If feelings of hope and belongingness promote social solidarity, then certainly shame and guilt do not. Depression typically absorbs its target into a vicious cycle of insecurity, shame, guilt and social withdrawal. Firstly, feelings of shame and guilt are more likely to arise if one's self-feeling is of an insecure extremity e.g. assertive or sensitive. Secondly, social withdrawal appears to occur in alignment with feelings of shame and guilt during social interaction. Finally, social withdrawal means that the individual is in a conscious, but not necessarily voluntary, process of social disintegration.

Due to its seemingly ambiguous nature, depression is not always detectable in social interaction. It differs from for example a broken leg in that it is relatively concealable. A depressed person can choose to act hopeful and upbeat during interaction with others because they know that it will fuel social harmony. In contrast, when they feel insecure, moody and behaves accordingly, they will deprive others of social harmony. This attempt at maintaining a
cheerful façade for the sake of social solidarity is exhausting for the depressed, but evident for the non-depressed.

As seen in the example of Leo in the previous premise, his mental illness manifested itself to the public in a seemingly arbitrary situation. Some might even say his behaviour was unnecessary and immature. In this way, depression often appears to be a choice and not a struggle. Consequently, if Leo feels he cannot share his mental struggles without being misunderstood, his social bond with others will eventually suffer and his shame will remain repressed. This is of course problematic for Leo, the individual, who is unable to address his shame in a constructive and efficient way. However, it is also an issue for his community at large since an unwillingness to embrace each other’s struggles will lead to negative social dynamics.

Finally, this premise will be examined through Cooley’s (1902) point of view. The collective regulation of the self depends a lot on the individual’s imagination of themselves in relation to the other. For the individual to recognise that their abnormal behaviour requires modification, they need to imagine themselves as capable of positive change in the minds of others. For example, if all Leo hears is how disappointed people are that he is not socially active or that he is never in a good mood anymore, he will begin to believe this is true to himself. However, if his peers express an understanding and a genuine concern towards his aloofness, he can begin to separate judgements towards his behaviour from his sense of self. Hence, he can slowly start to find his way back to his community.

Much like morality, the dialectic relationship between the “I” and the “We” teaches the self which form of character and conduct is acceptable, frowned upon, permissible or forbidden. In its reflective and adaptive state, the self recognises that negatively charged character and conduct harms the group, and the positively charged benefits it. Upon behaving negatively, the group can steer the self into either abiding by the group or remaining an outcast. The latter prevents the deviant self from tainting the moral order of the group. Therefore, the communicative relationship between the “I” and “We” plays a significant role in the formation of moral codes. Consequently, moral codes play a significant role in the communicative process between the “I” and “We”.


4.2.3. A disease of moral maintenance

Keeping the first (P1:2) and second (P2:2) premise of this argument in mind, we can arrive at the most likely conclusion (C:2):

C:2. Morality most likely contributes to the maintenance of depression.

A common moral belief is that negative behaviour ought to be sanctioned in an attempt at preserving a righteous collective. Shame and guilt are effective mechanisms of tapping into the individual’s internal moral compass. It allows people to engage in an introspective process and ultimately recognise that they should stop abnormal and immoral behaviour. However, negative sanctions through shame and guilt are not always the best solution to eliminating abnormal behaviour. Different people have different self-feelings which in turn require different treatments. Depressed individuals tend to already experience low self-worth. In turn, this can minimise the tolerance level for judgements from others. In contrast, socially secure individuals are more likely to efficiently work through feelings of shame and guilt. Therefore, social connectedness and inclusion are necessary for the recovery of those who are on the brink of social disintegration.

4.3. Summary of arguments

There seems to be a clear relationship between emotions, morality, depression and social control. To begin with, shame and guilt enforce the awareness of a collective morality (C:1) because individuals wish to avoid immoral behaviour (that causes shame and guilt) (P2:1). However, the counterargument has shown that the moral contribution of shame and guilt do not always operate in an optimal fashion wherein individuals reinstitute and reconcile with the group. On the contrary, the depressed self, which already feels inadequate to the group, erodes further away from the collective when receiving critique towards the self (P2:2).

The disintegration of individuals results in a melancholy that goes beyond the promises of a collective morality and common welfare. When depressed individuals find themselves crippled by the idea of no longer belonging to their community, they will also find its moral frame of reference inapplicable to their being. This suggests that morality cannot be forcefully imposed on those who do not believe they are worthy of its virtues. Finally, the paradox of deviating from the group while simultaneously being affected by its moral sentiments, supports the relationship between morality and the maintenance of depression (C:2).
4.4. Depression; a social structural disease

To further investigate the previous arguments, it is fruitful to look at the process of moral integration and regulation of a deviant population. Therefore, the arguments are here evaluated and contrasted to Durkheim’s theory on social integration and regulation in terms of different forms of suicide. The act of suicide is however not the focal point of the inquiry. Instead it makes for a tangible representation of the extremity of depression and social disintegration.

Consequently, this introduces a case of the hen and the egg. On one hand, depression might fully be an inherent state of being in which the individual is more prone to experience shame and guilt than the average person. Hence, they are poorly integrated by nature and possibly by choice. On the other hand, he who is depressed, i.e. exhibits abnormal behaviour, presents a threat to the social solidarity and is therefore encouraged to experience shame and guilt. This will either make him reconcile with or disintegrate from the group. Either way the moral group solidarity remains intact. Whether a deviant personality or a controlling morality comes first remains unclear. In examining this matter, the plausible social structural nature of depression is revealed.

4.4.1. Depression and the social bond

Sometimes, the extremity of depression results in suicide. Karp (1994) found that in several cases, suicide attempts seemed to be the final try to signal the intensity of one’s misery to an uncomprehending audience. These are indeed extreme cases since normally depressed individuals debate whether to keep their depression private or public at all.

This hesitant attitude relates to the individual’s developing self-identification. In order to open up about depression and suicidal thoughts, the individual has to be certain he is ready to adopt new identities and social statuses. The fear and risk of gaining a poor social identity and status due to mental illness is a prerequisite for structural depression.

Surely, stigma can help emphasise the role of structural depression. Depression is abnormal as opposed to normal and can therefore introduce an array of prejudice against it. In their article *Conceptualizing Stigma*, Link and Phelan (2001) build on Erving Goffman’s observation that stigma is the relationship between an attribute and a stereotype. From this, the authors define stigma by introducing the following four interrelated components.

In the first component, people distinguish and label human differences (Link & Phelan 2001). The second component suggests that dominant cultural beliefs link labelled persons to
undesirable characteristics. Thirdly, in order to reach some degree of separation in terms of “us” and “them”, labelled persons are put in distinct categories. In the fourth and final component, labelled persons experience status loss and discrimination that leads to unequal outcomes. Hence, the depressed and suicidal person will only become stigmatised and socially regulated for his mental struggles if he chooses to share them with the public. 

Social integration gone wrong

Durkheim has shown that insufficient integration can result in egoistic suicide. Admittedly, a lack of integration can occur due to many different factors. For the sake of this study, the following examples do not focus on these factors, but only aim to illustrate how emotions and morality can reinforce social disintegration. To understand the phenomenon better, let us consider yet another fictive case.

Joel is a single man without any close ties to family and friends. His whole life he has been ashamed of his depression and thus of himself. This has hindered him from developing and sustaining healthy relationships with people in his life.

The source of shame began when he was ostracised in his early adolescence by peers for showing a lack of social engagement. This is also where his connection to the group began to weaken. Furthermore, as his family never valued quality time or talking about their emotions, they were not much of a support system for him. Throughout life, this caused Joel’s connection to the social solidarity to weaken significantly. He learnt from an early stage in life to depend on himself and he felt no obligation to answer to his community, or lack thereof. Consequently, he found it difficult to work through his mental struggles and his purpose to hold on to life decreased.

This case illustrates the ineffectiveness of negative emotions such as shame because it enables the egoistic individual to see no interest beyond his own. Joel knew that his lack of social engagement was a negative contribution to the social solidarity, and therefore immoral. Distancing from the collective moral compass is the first step an individual takes to deny the supremacy of society placed upon himself. However, this is not necessarily a straightforward and quick process. On the contrary, it is something that takes a lot of time and energy since it is a matter of developing a new self-identity in relation to the normative collective.

A possible interpretation of this is that deviant individuals are structurally and intentionally made to feel guilty in an attempt of reintegrating them into society. In Joel’s case, this meant
that the *act* of bearing a pessimistic attitude towards social engagement was sanctioned by leaving him out of the social group. However, this is not an apparent solution since there is a fine line between shame and guilt. The aim, i.e. enabling him to feel guilty for his behaviour in order to reconcile, turned into him feeling *ashamed* and pulling further away from the group. In this sense, the egoistic individual might instead of blaming the mere *act*, blame the entire *self* and therefore disassociate himself completely from the group, and possibly life.

*Social disintegration gone right*

A phenomenon that is opposite to egoistic suicide, but equally detrimental, is altruistic suicide. Instead of experiencing excessive individualism and insufficient collectivism, there are those who live in excessive collectivism and insufficient individualism. This person completely defines his sense of self in relation to the group and can therefore not seem to value his existence in its individual state.

Consider Isaac who was born into a close-knit family. The importance of family life and the idea of supporting one another through thick and thin was imprinted on him from an early age. Accordingly, his family had always been opposed to ungrateful attitudes, such as negativity and complaining. Since they believed in seeing the glass as half full instead of half empty, mental illness was a taboo.

This became a central issue for Isaac when he began suffering from depression. He stared to show symptoms of fatigue, pessimism and a lack of self-esteem. For a long time, he could not attribute his aloofness to mental illness and remained in a deep state of shame for his lack of gratefulness. He tried to abide by the family’s mantra of exuding positive energy and light. However, his attempts were short lived and unsustainable to his state of mind.

Eventually, he was aware that people might view him differently if he shared his depression with them but decided to have faith in their strong family bond and tell them anyway. The news of Isaac’s mental illness was not met well. His family told him that life is what you make of it and that depression is therefore not a fact but a choice of the ungrateful. Hence, he felt a duty to either shape up or ship out for the sake of the family bond.

Isaac’s case, as opposed to Joel’s, illustrates the *effectiveness* of shame and guilt in recognising moral group values. The interpretation for this case is that people who exhibit abnormal behaviour have no apparent function or place in society. Hence, they are structurally encouraged to *feel shame* in order to disintegrate.
Shame as we have seen is an immoral emotion that can lead to an intense state of doubt and resentment towards the self. In this way, imposed shame is society’s way of eliminating the excessiveness of abnormality and keep the group harmony intact. For this to be effective, the deviant individual must hold little self-value, such as in the case of depression, and be highly absorbed into the group. In this sense, he shall think of himself as a threat to his community and therefore choose to spare them pain by ending his life.

4.4.2. Morality in mortality

In his book *Suicide Prohibition: The Shame of Medicine*, Thomas Szasz (2011) provides an understanding of the term “death control”. If death control emerges from a governmental initiative, such as in war or as a consequence of crime, it is considered a matter of morality, law and politics as opposed to medicine. However, if death control is implemented by the individual on himself, such as in suicide, it is considered a matter of mental illness and immorality.

The contemporary taboo against voluntary death rests heavily on the idea of mental illness (Szasz 2011, 36). Individuals who are not only depressed, but also show signs of suicidality are often viewed as dangerous and unpredictable puppets of their unconscious impulses (Szasz 2011; Link et.al. 1999). The decriminalisation of suicide has transferred its control to the psychiatry who deal with it as a mental health problem and treat it with the deprivation of liberty in terms of hospitalisation. However, suicidality is not a fact nor a medical condition, but an inclination. In this sense, the inclination is penalised, and the deed is stigmatised.

The moral regulation of a deviant population

In the analysis of egoistic and altruistic suicide, it has been shown that morality based on shame and guilt can pose as a threat to the integration of a deviant individual, and hence to the overall social solidarity. To counter-argue this notion, this section examines the state in which a society is under a lack of moral guidance, namely anomic suicide. To illustrate the weakening of a regulative force, Durkheim provides the example of an economic crisis in which individuals experience either a sudden surplus or deficit in materialistic objects. The following example is inspired by Durkheim’s, but per usual with a focus on emotions and morality in relation to depression.

As mentioned in the analysis of P1:1, if we only experienced positive emotions such as joy and pride, we would feel no necessary desire, let alone need, to maintain a good relationship with
the members of our communities. Suppose there is a society in which no negative emotions are associated with introspect and the self-evaluation of one’s character and conduct. The possibilities in which the individual could behave with only his own interest in mind would be limitless. In other words, there would be no collective moral compass, or dictionary if you will, that tells him how to interact with others in a given social situation. Accordingly, he would lack the complimentary vocabulary of emotions that helps him identify his relationship with the group.

To exist in a society with no moral regulations of conduct, is to exist in a world of infinite goals. Infinity is an unfathomable concept for the mortal being since he measures the significance of his very existence in relation the finite extent of his life. The limited time a human being has on earth is a given fact he cannot change. Similarly, he expects his passions to be implicitly limited for him as he cannot regulate them himself. If not, he could dispose of himself without the interference or penalty from an externally controlling force. This kind of control is missing in depression leading up to anomic suicide.

Regulative authority is essential to collective human function. It is instilled in us from childhood in the form of our parents’ values and input, and continues throughout life in the form of juridical, cultural and religious sanctions among others. Due to its strong influence, regulative authority is in a legitimate position to establish a moral compass, and hence the societal response to mental illness. This is, as previously seen in this essay, a prerequisite to social solidarity. Therefore, the interference and penalty of depression and suicidality illustrates the effective force of shame and guilt in morally regulating a deviant population.

5. Discussion

In this chapter, a summarising discussion is held in relation to the derived results from the previous chapter. The discussion goes in the following order; first, a summary of the results is provided in relation to the purpose, aim and research questions presented in the introduction. Secondly, the role of the literature review regarding the analysis, results and overall study is brought to light along with the formulated research gap. Thirdly, the significance of the theoretical framework is contrasted to the obtained results. Then, an evaluation of the method chapter regarding the results is presented. Finally, implications for future research are suggested.
5.1. Result and purpose

Depression is an illness that for a long time has been credited to a state of internal and mental conflict within the individual. Accordingly, it has been treated as such with anything from ancient cleansing rituals to modern psychiatric treatment. Certainly, there are many biological and psychological factors that determine individual depression and they should always be held in consideration. However, the legitimisation of the psychological discipline to take sole responsibility for the treatment of mental illness is an ineffective approach to healing it. Namely, it enables us to overlook one of the essential factors that contribute to the overall health of human existence; social bonds. The present sociological study has therefore aimed to steer away from the idea of depression as a mere individual state of mind and highlight its structural and collective nature. This has been achieved by theoretically examining the correlation between depression, morality, emotions and social control. More specifically, the research question that framed this study was the following:

- How can regulatory mechanisms, such as social emotions and morality, contribute to the theoretical understanding of the social maintenance of depression?

Structural depression, as referred to in this essay, lies on the paradox of a collective morality of common interest that operates through imposed emotions of shame and guilt. This means that in order to maintain the social solidarity of a group, a set of rules and regulations are needed to control human behaviour and passion. This is all well and good for the normal individual with a balanced mind, but detrimental for the abnormal member of society whose mind is unstable and unreceptive to the judgements of others.

The measure for what or who is deemed normal or abnormal is also collectively produced through morality and emotions. A collective script that tells us which conduct is valuable, and which is not, is inevitably applied to the value of humans as well. When the intrinsic and moral value of human life becomes interchangeable with moral or immoral conduct, a social disharmony occurs. This idea is reflected in the seemingly moral and immoral nature of shame and guilt, the former being the immoral emotion and the latter being the moral. Shameful behaviour drives the individual to blame the self and causes them to become absorbed into their individuality. Eventually they will neglect the wellness of the group in favour of their own contemplation. On the contrary, guilt will allow the individual to revaluate their acts and
ultimately recognise that they ought to change their behaviour for the benefit of the group. In practice, this difference in social skill manifests in a stigmatising process towards those who neglects the common interest of the group.

In the case of depression, contrary to common belief, neglecting the common interest of the group is not necessarily a voluntary process. Instead, it emerges from a feeling of being misunderstood by the other, which can arguably cause the depressed to want to escape the judgemental group. Misunderstanding of and prejudice towards depression can then turn into a greater suffering within the depressed. This reveals a dialectic process that requires the authoritative party, i.e. the non-depressed, to be more open towards the minor experience, i.e. the depressed. Namely, the experience in which he cannot place himself and in which he therefore has no real right to judge and deem abnormality from his superordinate point of view. Hence, making room for different struggles and embracing the oppressed in a cycle of social connectedness and improvement is the key to eradicating social disconnectedness and social stagnancy.

5.2. Result and literature review

The literature review has consisted of three major themes that have contributed to the understanding of depression as a structural phenomenon; emotions, morality and social control. The literature on emotion mainly showed that shame and guilt are crucial to the social development of society. This refers to the evolutionary purpose of primary emotions such as anger, fear and sadness. These emotions function in a way that pushes the individual to recognise the importance of belonging to a community. Shame and guilt encourage evaluation of the self in relation to the group and ought to therefore inhibit group fragmentation. Similarly, the literature on morality advocated for its role in maintaining the social solidarity in a group. It consists of rules and regulations by which everyone in the group is expected to abide by. These limits are in turn recognised through emotions, which is where emotions and morality overlap and form a dialectic process of social control.

Although social control has shown to be beneficial at times, it is not without flaw. Social control is essentially based on collective morality and the idea that certain behaviour, and therefore certain people, are abnormal and require some form of sanctioning. At the very least, abnormal or deviant individuals are constantly reminded of their misfit nature through the structural imposition of a collective morality. However, if the aim of social control is to reinstitute a so-
called deviant population, it must not address their abnormalities in a punishing fashion since this will evidently only make them feel a stronger urge to escape the normative collective.

Some researchers indeed highlighted the partial ineffectiveness of shame, guilt and morality as it does not always function to or aim at the growth of the individual or collective. This is where the research gap and sociological dilemma for this study emerged. Namely, how shame, guilt and morality can instead of maintaining social solidarity, promote and maintain social fragmentation and therefore depression.

5.3. Result and theoretical framework

Throughout the first part of the analysis i.e. the formation of the first and second arguments, Cooley’s (1902) theoretical concept of the looking-glass helped establish the social and dialectic relationship between the “I” and “We”. The most important take-away from Cooley is that shame and guilt emerge in social interaction, specifically when we interpret our imagined judgements from others. This means that depression is indeed more than an introspective journey in which the person assesses his individual value without the influence of the group.

As products of social interaction, emotions and morality increase the awareness of the individual experience in relation to the collective. It is quite impossible to form a self-produced image of ourselves with the constant feedback from people around us. Consequently, it is difficult to place a negative emotional value upon one’s own depression without receiving negative sanctions regarding depression from the group. Hence, depression too is a product of social interaction.

Another important aspect Cooley (1902) brings up is the balanced versus the unbalanced mind. The unbalanced individual is either extremely assertive or sensitive, this means that he is unable to effectively process imposed judgements from others. For the unstable mind, there is a fine line between shame and guilt. Whether the judgement was meant to assess the individual or the mere act of the individual, this scrutiny appears to the unstable mind as a direct attack towards the self. Therefore, a lack of balance between stability and adaptivity can lead the individual to a state of social vulnerability and hence disintegration.

In the second part of the analysis, Durkheim’s (1951) study on suicide was utilised to tie the two arguments together and form a cohesive appreciation of the relationship between depression and social control. Suicide is indeed an extremity of depression and in many cases depressed individuals do not end up ending their lives despite showing suicidal inclination.
Instead, they will linger in a painful realm of wanting to belong to their social group while lacking the resources to reinstitute themselves with the group. Thus, egoistic, altruistic and anomic tendencies still apply to he who does not intend on taking his own life. This is where emotions and morality come in.

The social bond would not be as significant to us if we did not have any tools to measure the collective value of the group, and our individual value in relation to the group. Hence, morality is the dictionary in which we can learn which conduct is virtuous and which is not. Emotions furthermore pose as the vocabulary that helps us identify the different kinds of conduct. Accordingly, we adopt the given dictionary and vocabulary of our surroundings. This determines whether we hold egoistic, altruistic or anomic tendencies.

The rate of depression and suicide is dependent on social connectedness and fluctuates consequently with the presence or lack of social bonds. The importance of the social bond is essential to the powerful influence of morality. Similarly, morality is essential to the importance of the social bond. In this sense, Durkheim’s study on suicide, social integration and regulation aids in underlining the ways in which these two elements coexist and the ways in which their relationship can malfunction. In the event of malfunction, social solidarity eventually turns into social fragmentation.

Together these theories have complemented each other in the search for meaning within the structural and social nature of depression. Cooley’s (1902) looking-glass emphasised structural depression on a micro level i.e. between the self and the group. Meanwhile, Durkheim (1951) provided a macro perspective as in how structural depression can manifest from an authoritative force in an overall society. In sum, the theoretical background has shed a significant light on the social and moral contribution to the maintenance of depression. However, it is also important to remain critical towards the present theories and approach their statements with a grain of salt since they were established at a time and place which does not necessarily pertain to contemporary society.

5.4. Result and method

The inference of abduction has largely shaped the analysis of this paper. Instead of analysing empirical data collected from a given field, the results have derived from an explanatory hypothesis. This has provided the opportunity to delve into relations that are normally vague
and intangible, hence not necessarily accessible for empirical analysis. In sum, the arguments of this inquiry established the following pattern:

**Argument 1:**

P1. If shame and guilt contribute to the awareness of a collective morality, then the individual is most likely going to avoid behaviour that causes feelings of shame and guilt.

P2. Individuals avoid behaviour that causes feelings of shame and guilt.

C. Shame and guilt most likely contribute to the awareness of a collective morality.

**Argument 2:**

P1. If shame and guilt cause the depressed individual to disintegrate from the collective, then morality contributes to the maintenance of depression.

P2. Shame and guilt cause the depressed individual to disintegrate from the collective.

C. Morality most likely contributes to the maintenance of depression.

These abductive arguments have yielded the most reasonable explanations for the correlation between depression, emotions, morality and social control. Their conclusions, although separate, correspond to each other and emphasise the relationship between the aforementioned factors. Essentially, these arguments have shown that shame and guilt contribute to the awareness of a collective morality, and that morality then contributes to the maintenance of depression.

Abduction has also helped minimise researcher bias and unethicality which has been a central issue for this study. Following a logical argumentative style of analysis has allowed for the deterring from as much personal input as possible. Furthermore, by opting out of using first hand experiences as analytical data, the unethical aspect of violating participants’ privacy and causing them distress has been eliminated. This has also enabled the investigation to carry out its abstract approach, as in examining the *structural* as opposed to the *individual* aspect of depression.

This is not to say that a theorising study using the inference of abduction is without flaw. At the end of the day, a theoretical inquiry will generate theoretical results, meaning we can never know anything is for certain. Even in deductive reasoning where the conclusion is logically valid, we still do not necessarily know what happens in practice. Inductive reasoning *does* tell us what happens in practice, but it is not necessarily applicable outside the observed sample.
Finally, abduction is the reasonable inference, but it too does not mean the results are accurate, representative or generalizable. The results of this study are as probable as they can get at this point. Therefore, complementary studies in which deduction and induction are used, may further strengthen the claims and conclusions of this inquiry.

5.5. Implications for future research

The present study has attempted to justify the sociological relevance of mental health through a theoretical analysis. Ultimately, there are many factors that contribute to depression but the most neglected one is the social factor. Social connectedness and inclusion are big contributors to the prevention and treatment of depression. Consequently, imposed shame and guilt are counterproductive in the quest for reintegrating a deviant population as this instigates for feelings of exclusion and social disconnectedness. However, a regulative force in the form of emotive morality is still required to retain a state of social solidarity. Therefore, shame and guilt do indeed have their social benefits, but only when they are imposed on the balanced mind and not the unstable.

This conclusion of this study is reasonable in theory but may seem vague in practice since theoretical concepts do not always reflect real life in an obvious way. How should one be constantly aware of who is stable and who is unstable? Accordingly, how should one distinguish between uses of shame and guilt in everyday speech? The answers to these questions are anything but straightforward. Instead, they require a collectively active reflection and conversation on mental illness and its stigmatisation. In turn, this allows for the adoption of a context-specific moral compass that avoids painting every individual with the same brush. Only then can we begin steering social control towards embracing the disconnected members of our society.

This brings us to implications for future research. This study has provided the research field with a mere introduction to the theoretical understanding of the social and emotional maintenance of depression. Since inquiry ought to begin with the inference of abduction, the next step would be an inductive study on structural depression. Emphasis is placed on “structural”, since the individual experience is not the focal point of this inquiry. Furthermore, there is still an unethical and problematic aspect in using personal narratives from depressed and suicidal individuals. Therefore, the main suggestion is to continue this investigation with a discourse analysis on how depression is perceived and represented by those who do not suffer from it. This can be examined through a macro to micro perspective e.g. the media, general
health reports, interviews with psychiatry staff and a focus group with people who claim to not have suffered from depression.

Further theories that may bring light to this phenomenon are Erving Goffman’s theories on stigma and frame analysis, Randall Collins’ theory on interaction ritual chains, Richard Jenkins’ social identity theory and Arlie Hochschild’s theory on emotion management. These theories are fundamental to the understanding of emotions in social interaction as well as to the formation and maintenance of group identity. In turn, they are integral to the comprehension of social and structural relations, and hence depression.

Finally, the representational limitations of this study ought also to be addressed in future research. Namely, if the aim of this kind of study is to evoke collective change towards the discourse on structural depression, one must acknowledge the context-specificity of the phenomenon. Therefore, the study should concern different countries, cultures and hence communities. In sum, all the implications and considerations mentioned above will ensure a greater credibility within the results of future research regarding the morality of depression.

6. References


