EDICIONES Universidad Valladolid

"If You're a Parasite, Then You're Not Normal": Exploring Perceptions of Normality with Individuals who have Experienced Depression

"Si eres un parásito, entonces no eres normal": explorando las percepciones de normalidad con individuos que han experimentado la depresión

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Resumen: Investigaciones sociológicas previas han demostrado que lo que se denomina cordura o salud mental se describe según un ideal social. Los problemas de salud mental han sido teorizados como una desviación de tales normas. La depresión, en particular, ha sido objeto de la contemplación sociológica, con respecto a su divergencia de una normatividad social occidental centrada en la funcionalidad, la adaptación y la productividad. Esta investigación se suma a este cuerpo de trabajo sobre la depresión como la desviación de las normas sociales, queriendo abordar una brecha dentro de la literatura, mediante la exploración de las formas en las que el estado "post-depresivo" se puede definir de acuerdo con las normas sociales. Se pretende analizar los vínculos entre "post-depresión" y la normalidad, desde la perspectiva de individuos que han padecido depresión. Se realizaron 46 entrevistas semiestructuradas con individuos canadienses que han experimentado depresión. Los resultados de nuestro análisis de contenido muestran que la ausencia de depresión a menudo es sinónimo de normalidad y se caracteriza por las siguientes dimensiones: una actitud positiva; el potencial para tomar decisiones; funcionalidad y rendimiento; autogestión; una relación positiva con los demás; y la noción de proyectos significativos. Nuestros resultados muestran que los participantes no definen la ausencia de depresión después de los indicadores psiquiátricos o clínicos, tal y como se registra en el DSM, y que no consideran que sea un retorno a un estado previo a la depresión. Por el contrario, la post-depresión es idealizada, percibida como un estado de conformidad infalible con las expectativas y normas sociales.

Palabras clave: Salud mental, depresión, post depresión, normas sociales, normalidad.

Abstract: Previous research in sociology has shown that what is considered as sanity or mental health is described according to a social ideal. Mental health problems have been theorized as a deviance from such norms. Depression, in particular, has been the object of sociological contemplation due to its divergence from a Western social normativity focused on functionality, adaptation and productivity. This research adds to this body of work on depression as a deviation from social norms. It seeks to address a gap within the literature, by exploring the ways in which the "post-depressive" state may be defined in accordance with social norms. As such, it analyzes the links between "post-depression" and normality, from the perspective of individuals having lived with depression. 46 semi-structured interviews were conducted with Canadians individuals who have experienced depression. Results from our content analysis show that the absence of depression was often synonymous with normality and characterized by the following dimensions: a positive attitude; the potential to take action; functionality and performance; self-management; a positive relationship with others; and the notion of meaningful projects. Our results show that participants do not define the absence of depression following psychiatric or clinical indicators, as recorded in the DSM, and that they do not consider it to be a return to an anterior, pre-depression, state. Rather, post-depression is idealized, perceived as a state of unfailing conformity to social expectations and norms.

Keywords: Mental health, Depression, Post-Depression, Social norms, Normality.

1. INTRODUCTION

Far from being limited to biological and psychological factors, mental health problems can be understood only through the consideration of the social, political and cultural context in which they are defined and experienced. Indeed, the notion of suffering can be modulated by socio-normative changes. Thus, the understanding of mental health problems requires the analysis of underlying social, cultural and normative mechanisms. As such, sociological research has addressed the ways in which depression is defined and experienced in relation to certain social norms, namely those of productivity and functionality (Ehrenberg, 1998; Moreau, 2009). Conversely, this article relies on the deductive theoretical postulate that, because depression is experienced in relation to social norms (as the deviance from normative behaviors and attributes), the definition of post-depression will also be traversed by social norms. We will explore the quest to achieve a mental state qualified as being "free of depression", as experienced by adults having lived with an episode of depression, in order to analyze the links between social norms and individual's experience of post-depression.

1.1. Mental health issues as a negative image of social normativity

Social norms, understood as how a "group institutes itself as a society, that which defines its codes, what pacifies it and provides instruments for its regulation" [our translation] (Ewald 1992, p. 231), are regulatory vectors for bodies and populations (Foucault, 1978). Through norms, certain behaviours, attributes and thought patterns are defined as healthy (or normal), and others as pathological (Canguilhem, 1972). Indeed, mental health problems and their corollary, recovery, are not uniquely biological or physical, but they also are inextricably linked to social norms and the broader political and cultural context. For example, according to Otero (2014), a mental health challenge is comprised of two dimensions: it is deemed problematic in the eyes of the individual, and it is socially considered to be troubling. It is thus always partially defined as being problematic in a given context, which means that social expectations cannot be ignored when trying to understand mental health issues. In a parallel manner, previous research has also highlighted links between recovery and social norms. Many authors (Morrow, 2013; Nielsen, Rugulies, Hjortkjaer, Bültmann & Christensen, 2013; O'Brien, 2012; Rivest & Moreau, 2015; Switzer, Wittink, Karsch & Barg, 2006) have reframed the discourse on recovery within the context of contemporary neoliberal societies. It has been

noted that the "recovery imperative" (O'Brien, 2012, p. 573) urges service users to become responsible neoliberal citizens by undertaking a series of actions and submitting to various therapies in order to restore their potential to act and be productive.

Thus, mental health and illness are inseparable from the social realm, as these concepts allude to the attainment of normative expectations regarding functionality, productivity and adaptation to a particular context (World Health Organization, 2013). This normative vision demonstrates the blurred line between health and normality, marked by the normal/pathological spectrum (Ehrenberg, 2005). We can then argue that to question the absence of a mental health disorder implies a questioning of social norms.

To begin, many studies have explored the links between (mental) health and society. One of the first accounts of the links between illness and sociality was provided by Parsons (1951) with his concept of the *sick role*. Parson states that while illness is inherently biological or physiological (depending on the pathology), it also comprises a social component in which the sick person is identified as being unable to fulfill their social obligations. Thus, while being sick legitimizes a hiatus of sorts from one's usual social expectations, the sick role contains its own norms of submitting to the therapeutic process in order to eventually "get better". This concept has proven useful to understand the social implications of being ill especially in the context of physiological illnesses. Parson's analysis can only be transposed to a certain extent to the field of mental illness, however, because mental health problems are subject to more stigma than physical illnesses (Corrigan, 2004): it is not yet widely seen as socially "legitimate" reason to abstain from one's usual social roles due to psychological distress.

Closer to the present time, depression and dimensions of social normativity have also been explored at length (Charron 2008; Drew, Dobson & Stam 1999; Ehrenberg, 1998; Gammell & Stoppard, 1999). Moreau (2009) analyzed the socio-temporal aspects of depression and found that individuals experiencing depression felt "bogged down" by their past, their experience of the present time was slower, and they had difficulty projecting themselves into the future. Other works (Danielsson, Bengs, Samuelsson & Johanssen, 2011; Fullagar & O'Brien, 2012; Gaborean, Negura & Moreau, accepted; Lafrance & Stoppard, 2006) have shown the association between gender-related norms and the experience of depression. Oliffe et al. (2010) highlighted that college-aged men associated depression with the inability to function, maintain meaningful relationships and gender role pressures. In previous studies, the symptomatology of depression has been analyzed

by focusing on the symptoms in order to grasp what is perceived as the norm, as some psychiatric entities (neuroses) can be apprehended sociologically to give us a negative image of current social norms (Moreau, 2009).

Thus, our goal was to develop a parallel and complementary analysis in order to explore perceptions of normality by interrogating individuals on their experiences following a period of depression. In doing so, it is interesting to consider whether people who have experienced depression define their post-depressive state by default as the opposite of the definition of depression (whether it be subjective or clinical), or by "excess", according to attributes which go beyond their (subjective or clinical) definition of depression. In the first case, post-depression would be defined as a conformity to the norms that are transgressed by symptoms related to depression. In the second case, post-depression would be defined in relation to social norms which do not necessarily characterize depression. The analysis of social normativity through the optic of post-depression may then inform us on new social norms, which were not in the main focus of previous studies interested in the experience of depression (Moreau, 2009; Otero, 2012).

Just as Karp (1996) notes the need for the analysis of personal accounts relating to depression in academia, we argue that research on the post-depression state needs to incorporate the subjective points of views of those who have experienced depression. Recovery from depression is dominated by clinical definitions, and academic research typically aims to outline barriers and effective practices to promote recovery (Ali, Hawkins & Chambers, 2010; Nease et al., 2011; Stotland, 2012). While there are many theoretical and quantitative studies on recovery, there is a gap in the literature regarding individual accounts of recovery (Ridge & Ziebland, 2006) and, more specifically, the sociological ramifications of this process. We argue that the social fabric of post-depression is an important field of study, which merits increased attention. Indeed, if post-depression is defined by social norms, it can lead, in itself, to problems lived by individuals experiencing depression who cannot fully conform to certain norms (problems, such as dissatisfaction with one's self, isolation, disempowerment, etc.). Nevertheless, such a perspective interested in the ways that social norms define the absence of depression is not usually a main focus of research, though sociological research has greatly considered the links between depression and social norms.

It is important to specify that we do not use the concept of recovery in the aims of our research, as this concept tends to be defined as the ability to live well despite the presence of mental illness: recovery does not constitute the "opposite" of mental illness (Deegan, 2002; Hipolito, Carpenter-Song & Whitley, 2011; Mead &

Copeland, 2000). Our study does not analyze the experiences and strategies used to cope with mental illness nor the ability to live a fulfilling life despite the presence of mental illness or related symptoms. Rather, we wished to explore the relations between social norms and the "negative image" of depression through the perception of those who had lived through a depressive episode.

1.2. Aims of the Study

Our aim was to explore depressive individuals' perceptions of the absence of depression, in order to better understand their relation contemporary normality. The specific objectives of this article are: 1) Explore participants' accounts of depression and post-depression; 2) Operationalize the different dimensions of their definition of the post-depression state; 3) Analyze whether post-depression is defined by default, as the strict opposite of the experience of depression, or by excess, as something other than the mirror image of depression; 4) Explore the social norms that transverse the understanding of post-depression.

2. METHODOLOGY

The results presented in this article are the product of a broader multi-site research project "Identities, social representations and service access in mental health. The case of young Francophones in a minority context suffering from depression (Ottawa, Sudbury, Moncton, Stain-Boniface)", funded by the Canadian Institutes for Health Research. This larger qualitative study explored the relationship between identity, the experience of depression as well as access to mental health services. The study was conducted with a sample of 46 participants (n=26 Francophones and n=20 Anglophones) having experienced depression in the year prior to data collection, or who were still living with depression at the time of data collection (2012). Participants did not need an official diagnosis to be eligible to participate: their depression could either be self-diagnosed or diagnosed by a medical professional. Moreover, the term depression was left intentionally vague in order to gain a variety of experiences. The sample was diversified to include varied sociodemographic characteristics relating to gender, language, education, income, civil status and age, as presented in the following table.

Table 1 – Sociodemographic characteristics of participants (n=46)

		N	%
Gender	Woman	29	63.04 %
	Man	17	27.96%
Language	Francophone	20	43.47%
	Anglophone	26	56.53%
Education (complete and/or incomplete)	High school	8	16.66%
	College	9	18.75%
	Undergraduate studies	24	52.17%
	Graduate studies	5	10.41%
Income	< $20 000 CDN	25	54.35%
	> $20 000 CDN	20	43.48%
	Non-response	1	2.17%
Civil status	Single	25	54.34%
	In a relationship	14	30.43%
	Other	7	15.21%
Average age	32.9 (Standard deviation = 13.30)		

Source: self-made

2.1. Recruitment

Our study was conducted through recruitment of participants mainly in post-secondary institutions and within the general community (Ottawa, Sudbury, Moncton and Winnipeg). Posters were placed on university billboards and in student association newsletters, as well as in community newspapers and on Internet advertising sites (Kijiji, Craigslist). The semi-structured interviews were held either in participating university offices or in public places such as cafés in order to better accommodate some participants. The interviews were recorded their transcription was subject to analysis.

The primary spoken language of participants was taken into consideration in the sample, because there are two official languages in Canada (French and English), and each linguistic group is confronted to specific mental health realities, due to differing sociocultural upbringings and backgrounds as well as different access to services (Negura, Moreau & Boutin, 2014)

2.2. Analysis

To explore depressive individuals' perceptions of the absence of depression, we analyzed: 1) questions related to this theme (what will allow you to say that you are no longer depressed? What changed? If we were to film an individual who is not depressed, what would we see?); 2) spontaneous answers where participants touched on these themes. The average length of interviews was approximately one hour. Interviews were recorded and transcribed verbatim. Data was analyzed using a thematic content approach, with no predetermined categories using *NVivo 10*, a qualitative data analysis software (Crowe, Inder & Porter 2015). Significant passages related to the absence of depression were coded in-vivo (n=31), and in ulterior phases, statements discussing similar themes were grouped together. The grouping process was repeated until we reached six self-standing, mutually exclusive categories.

2.3. Ethics

University of Ottawa Research Ethics Board (REB) and the Montfort Hospital REB approved this research. Informed and voluntary consent was obtained from each participant before starting the interviews. Participants were given $25 compensation at the beginning of the interview. The interviews took place at a date and time of participants' choosing (in cafés, at home, or in a University office), and their permission to digitally record the exchange was obtained.

3. RESULTS

In order to better understand participants' conceptions of life following a depressive episode and its ties with normality, it is important to begin by outlining their experience with depression. Exploring participants' subjective meanings of the experience depression will allow us to compare and evaluate the relations between the experience of depression and its absence hereafter.

Many participants spoke of their depression in terms of a general sense of being unwell that, in the day to day, translated itself into being unable to function:

> *Just so unhappy, just miserable, just… I don't care about anything. Like I mean my favourite record, anything, my favourite TV show … who gives a shit, you know. Because I got so many problems. There's so many negatives I guess in my life that it just … it's miserable. (Ethan)*

Participants recalled that when they were at the peak of their depression, their only wish was to stay in the dark, sleeping or sobbing. Participants found it difficult to find any motivation to accomplish daily tasks:

> *Everything is an effort. … I can't take any action for granted… I have to think about it and strive to do things that most people never even think about. … Getting out of bed, making meals, being able to answer the phone. (Dorothy)*

This inability to perform basic tasks such as the ones mentioned by Dorothy often worsened feelings of despair, which lead participants to isolate themselves from their friends, family and acquaintances. The following participant could not recognize himself during the worst of his depression:

> *I think isolation was the biggest thing like I stopped… I mean. My personality changed like naturally. Like I'm a very outspoken kind of, energetic comedic person but I just … that stopped. I started to become quieter.* […] *It was just isolation and disinterest in doing the things that I'd done all the time. (Lucas)*

For other participants, this inability to function was seen as a disability that could, up to a certain point, be "hidden" from others until a breaking point where it was no longer possible to keep going on as usual.

> *It's a handicap that you can't see. An invisible handicap. You can't see it yourself until it becomes really severe. It's not something that you can see. All you feel are the symptoms, and in the end, you realize you were depressive. (Maude).*

To summarize, depression was experienced by participants as a period in their lives marked with darkness, disinterest, despair and isolation. Participants felt paralyzed, "stuck in the moment" (Chelsey), unable to take action. This analysis of participants' definition of depression will subsequently allow us to analyze whether they consider post-depression as the strict opposite from their experience of depression, or as something different.

3.1. The Non-Depressive Individual

Participants highlighted the fact that the line between the depressive individual and the non-depressive individual could often be blurry. Nevertheless,

our thematic analysis gave way to distinctive characteristics of the "non-depressive individual": 1) a positive attitude; 2) the potential to act; 3) functionality/performance; 4) self-management; 5) a good relationship with others and 6) the notion of the project.

A Positive Attitude: Being Happy as Being Normal

The vast majority of participants stated that a non-depressive person generally exhibits a positive attitude. In the words of Emily-Rose, "I think that [a person not experiencing depression is] someone who is happy […] with their life in general, is someone who […] smiles, who laughs. They just look happy and well." The vocabulary employed by participants to express this positive attitude varied widely. Having the "desire to live" (Chelsey, Megan, Dorothy), "to smile and be joyous" (almost the totality of participants), "to enjoy life" (Ethan) and "to appreciate everything" (Elijah) are all expressions that illustrate the attitude perceived as opposite to depression. According to the majority of participants, non-depressive individuals exhibit a positive attitude that guides their day-to-day activities and enables them to overcome challenges and obstacles. In other words, the absence of depression was not necessarily the same as living a life free of struggles. In this context, Kailey shares that a non-depressed individual is "someone who's got worries, but knows how to deal with them. [They] just seem to know where they're going in life, always smiling and always laughing, they're happy, lucky, positive. Let's say they see positive things as opposed to negative, they see the positive outlook on things." Thus, a predominant element in the interviews was related to the ability of those who are not depressive to be optimistic despite the presence of challenges.

The Potential to Act

Of course, the absence of depression entails not only a joyful disposition, but it is also accompanied by the capacity to take action due to sufficient energy and motivation. The non-depressive individual possesses a certain energy that allows them to be active and dynamic:

> *If I had the energy to do all that I need to do during the day without feeling completely dead at the end of the day, maybe I could say that I was not as*

> *depressive. The change that would indicate that I am no longer depressive would be in regards to my energy levels. I'd feel more ready to take on the day. (Jacob)*
> *Functioning in your day to day without hindering others, society, your job, your school. If you're a parasite, then you're not normal. You have to do something productive that helps everyone move along, and even if you're unhappy, you shouldn't show it too much. (Maude)*

Similarly, some participants stated that they would no longer consider themselves depressed once they had regained a sense of motivation that would provide them with a drive and an intention to accomplish day-to-day tasks: for instance, Christina mentions a "renewed sense of motivation and ability to concentrate".

Functionality and Performance

However, having the *will* to act is insufficient to characterize the absence of depression. In fact, an analysis of the vocabulary employed by participants highlights the importance attributed to functionality and its association with the absence of depression, where the non-depressive individual was seen as able to function and perform in various social spheres. For instance, participants mentioned being able to work (Maude, Joshua, Judy, Christina, Ethan, Beatrice), "going to school" (Joshua), "having a routine" (Rebecca), "getting up at the same time every morning" (Rebecca), "being able to read, write, send e-mails" (Christina), and "getting out of bed" (Beatrice) as indicators of the absence of depression.

It is interesting to note that, in the interviews, this notion of functionality also held close ties with the concept of productivity. While, as we will explore later in the discussion, there is a sociological distinction to be made between these two terms, participants often used them interchangeably in a complementary fashion. According to them, functionality encompasses the ability to participate actively and to contribute to the social world: to be functional is to be productive, and vice versa.

> *I'll be able to get things done. […] When you're depressed, you don't do much, you sit around. […] I want to help people. […] I just think I'll be more useful to everyone, including my own children, you know. […] Thank God they're grown up basically, but they still need my help and I haven't been able to help anyone in the last three years. So that's one thing. Just be more productive, all around, actually. (Ethan)*

Thus, to feel functional by accomplishing daily tasks and participating in various activities were deemed important when describing the non-depressive individual.

Self-Management

Another important theme that emerged from the interviews was self-management, which entailed a good relationship with oneself. In a broad sense, participants consider a good relationship with oneself to be a defining characteristic of a functional, non-depressive individual. Expressions such as "doing things for myself and not for others" (Meagan), "focusing on myself" (Renée) and "taking some time for [me]" (Stephanie) illustrate the importance of this dimension. More precisely, participants aspire, in their struggle to overcome depression, to be themselves, that is, to become once again congruent with their self-image and even more so, to be satisfied with who they are and the actions they undertake. In this sense, the absence of depression requires one to be - and accept - "their true self".

Indeed, for some participants, "being myself" could mean reclaiming one's physical appearance, which, when neglected, implies that the individual is not well: "Even the clothing […] the person has the same sweater, […] the same jeans. […] Their hair is never brushed" (Olivier). For other participants, this was associated with self-esteem and confidence: non-depressive individuals recognize their self-worth. They are confident in their abilities, and "do not have to think twice before doing something" (Darquise). For Stephanie, this self-confidence is tied to her sense of self-worth: "Well, now that I'm better, I have more self-esteem. […] I feel like I have regained value compared to how I felt before." Therefore, to be oneself physically and psychologically is a dynamic process influenced by social expectations related to one's appearance and attitude. Through a rigorous process of self-evaluation, development of a self-image and work on one's self, a person becomes himself again, dissociated from depression.

More precisely, participants considered that self-management allowed them to better control emotional and stressful situations that can come up day-to-day: "The way I'm looking at it, if the person has no depression, [this person] is so strong that he can cope with anything" (Marguerite). Renée corroborates this, saying that "a person who is not depressive is a person that is in control of their emotions, their thoughts". The individual must initiate self-management in an autonomous manner. This can often mean, for participants, to cease relying on

medication to cope with and manage their emotional and mental difficulties. Indeed, as Yvonne explains, the use of psychotropic medications—an external support—can be perceived as incompatible with the value of autonomy: "I'll know I am no longer depressed when I stop taking my medication. That would be a sign that I would be healed." While medication could be a strategy to manage one's depression, enabling them to become functional and/or productive, some participants identified no longer taking medication as a sign of the absence of depression. This could be related to the fact that some participants believed that depression was triggered by biological factors. In this case, taking medication to remedy this imbalance was perceived as a necessity. Other participants who felt that depression was related to social stressors had a tendency to believe their use of medication was temporary in order to regain a sense of inner control. Here, the non-depressed individual was perceived as one who does not rely on medication in order to function day-to-day.

A Sense of Sociability and Sincere Reciprocity: Relationships with Others

Furthermore, for the majority of participants, the "non-depressive" self is very much a social and sociable self that is included and accepted by others: "[A person who is no longer in depression is] someone who is social, who leaves the house, who answers the telephone, who calls people to go out and do stuff" (Maude). As for Joshua, a non-depressive individual is seen as "[…] a normal social life […], someone who just has a lot of friends, someone who isn't shy, someone who is outgoing". Generally, positive rapports with others and their surroundings are significant indicators of the absence of depression.

It is important to note that sociality and contact with others does not automatically signify a state of non-depression. Contacts initiated with others must be authentic: "So, the difference would really be in relations with others. The depressive individual will force himself to maintain rapports with others, a facade of normality, whereas someone who is well is strong enough to know when to stop playing the game" (Sarah-Eve). In that respect, non-depressive individuals do not only present themselves as sociable: they are able to engage themselves in meaningful relationships beyond the surface. In this sense, the way in which one evaluates their mental state does not limit itself to the psychological or personal self: it is deeply influenced by one's social relations.

The Project

The notion of the meaningful project had a particular significance for some participants when they reflected upon the absence of depression. According to them, the non-depressed individual is able to undertake longer-term projects, to imagine themselves in the near or distant future, and orient their actions toward future goals: "I started to have projects again, to see myself in the long-term" (Stephanie). This projection into the future was seen as impossible during the participant's depressive episode(s), and an indicator of the absence of depression: "No, I'm no longer depressed. I want to do things. I find projects to get involved in, I fill my days with activities" (Julie). According to participants, then, being able to imagine and organize projects, goals and plans in the short or long-term was an element associated with non-depressive individuals.

4. DISCUSSION

Our results indicate that the absence of depression is defined in relation to contextual and social expectations. As such, the process of overcoming depression enables individuals to experience normativity and normality. More precisely, the sociological characteristics of the absence of depression, as depicted by participants in this research, met six general criteria: a positive attitude, the potential to act, functionality/performance, self-management, a good relationship with others, and the concept of the project.

It appears that the absence of depression, as experienced by participants, is not the mirror opposite of clinical symptoms of depression, nor is it the contrary of their personal understanding of depression. Indeed, a positive attitude, the potential to act and an ability to function can be seen as the opposite of clinical symptoms of depression defined by the American Psychiatric Association (2013), such as feelings of depression, loss of interest, insomnia, and inability to concentrate. These three indicators of post-depression can also be understood as the negative reflection of some dimensions of depression mentioned by participants, namely « being unhappy », being unmotivated and unable to function. However, other dimensions mentioned by participants (namely, the ability to self-manage, maintaining positive relationships with others and having a project) cannot be said to represent the exact opposite of clinical indicators nor of their subjective criteria of depression. The absence of depression is thus defined "by excess", with indicators that are

independent of one's definition of a mental health challenge (Lloyd & Moreau, 2011).

In the following section, we will theorize various dimensions of post-depression, as mentioned by participants, showing how they are embedded in social norms and societal expectations. We will then specifically focus on the identity work associated with non-depression, and analyze the role of the self as a key sociological component of the post-depression state mentioned by participants. Finally, we will situate the experience of post-depression in broader social issues.

The Absence of Depression and the "Normal Individual"

When participants thought of the non-depressive figure, they referred to a "positive" individual who is not only less sad, chagrined or melancholic, but who is also, so to speak, "optimism incarnate". The emphasis on having a positive attitude, which was at the heart of participants' perceptions of the absence of depression, can be related to Barbara Ehrenreich's (2009) work on Americans' obsession with positive thinking. Participants reaffirmed this tendency by extrapolating this necessary positivity to actions, attitudes and emotions and associating it to what can be thought of as the "normal" individual. Thus, Negativity is seen in a pathological manner, even though sadness and melancholia are a "normal" part of human existence and brief bouts of these emotions can be seen as average reactions to daily life, so long as one is not overwhelmed by negativity (Minois, 2003). Consequently, the impression that an absence of depression is characterized by an almost omnipresent optimism can be detrimental in that it can add additional pressure on individuals, who believe that they must attain this ideal. Moreover, the question of being able to take action and undertake diverse activities, all while exhibiting a sense of motivation and energy, were also elements pertaining to the absence of depression. This motivation and energy must be deployed in service of productivity: participants perceived that they must be in perpetual movement, directing their actions toward future goals and projects. In fact, in order to be constantly in action, motivation and energy go hand in hand and have become veritable social norms (Nahas & Moreau, 2015).

Regarding the themes of motivation and energy, participants emphasized functionality when describing the absence of depression. As we mentioned above, the non-depressive individual must function in an autonomous manner and by his own supports (Rivest, 2014; Roy, 2015). Functionality must therefore be self-generated: the individual has to use their resources to function and not wait to be

prompted by an external entity (such as social institutions). As it has been theorized, contemporary Western society has shifted from a social organization founded on norms of discipline, conformity, and submission to a particular order, a mode of social functioning organized around the notions of autonomy, individual responsibility and personal initiative (Doucet & Moreau, 2014; Lloyd & Moreau, 2011; Rivest & Moreau, 2016; Roy, 2015). Parson's (1951) concept of the *sick role* offers useful insights regarding this point. While being depressed – or "sick" - permits the individual to refrain from fulfilling their social obligations, they must also submit to a therapeutic process that will allow an eventual "restoration of capacity to play social roles in a normal way" (Parsons, 1951, p.453). Parson's sick role was initially conceptualized as a passive role: however, with the socionormative changes that occurred in the late-twentieth century as well as the increase of health promotion initiatives and emphasis on individual management of chronic illnesses, it seems that today's sick role requires a more active investment on the individual's part (Varul, 2010). In the case of mental health, one's role following the depressive episode, as described by participants, entails (re-)gaining a certain sense of sociability, productivity, positivity and functionality, as described throughout this article. However, let us restate, that stigma surrounding mental health issues can act as a deterrent to truly "inhabiting" the sick role (i.e., seeking help, working on one's self) in a similar manner to those living with more "socially accepted" illnesses. Still, our study demonstrates that the experience of depression and non-depression can be understood as being defined in accordance with social norms.

Moreover, the influence of this new social normativity, through which autonomy, individual responsibility and personal initiative are highly valued, as exemplified by participants' inclusion of self-reliance in their definition of post-depression. Indeed, according to participants, self-management was crucial and representative to the state of non-depression. These notions relate to work on one's self (Vrancken, 2011; Doucet, 2016) and "working at our mental health" (Scott, 2011, p. 7). In other words, self-management can be understood as conforming to the new social normativity because it encourages participants to act by, for and on themselves without relying on external prompts (Moreau, 2009; Roy, Rivest & Moreau, 2017). There was a certain hierarchy of self-management methods in participants' responses. Some participants looked down on reliance on "external" supports, perceiving this as the antithesis of the non-depressive individual. For instance, participants viewed medication negatively, as a "crutch" and as a barrier in retracing the "root" of one's illness. Indeed, participants had the impression that

medication did not allow them to "be themselves" and, in the long-term, to develop a positive relationship with themselves (Otero & Namian, 2009). Our results confirm that the experiences associated with psychotropic medication are complex, challenging and colliding with conceptions of one's personhood (Karp, 2006). This is illustrated by the fact that participants hoped to one day not have to rely on medication to function. Indeed, in contemporary Western society, being functional equates to being able to navigate the social realm by oneself, all while being held accountable and responsible for whatever may come next in a society where the future is uncertain and ever-changing (Ehrenreich, 2006). Individuals are then held responsible—and hold themselves responsible—of maintaining this state of perpetual action, regardless of their social positioning (Martuccelli, 2001), and therefore cannot blame social institutions for their failings or successes (Lahire, 2016).

We can then argue that implicitly, individuals are pressured to accomplish themselves constantly through the notion of meaningful projects. Indeed, projects appeared as important elements of the non-depressive individual. This concept is in fact at the forefront of contemporary social normativity (Moreau, 2009). Due to its presence in many social dimensions (work, hobbies/leisure, family), the project can be used as a qualitative and quantitative barometer of performance in contemporary society through three main criteria. First, the project requires a subjective investment from individuals (Paul, 2005; Perilleux, 2003): it constitutes an extension of oneself. Second, the project requires flexibility. In an ever-changing society where routine is almost seen as a form of deviance (Rivest & Moreau, 2016), the project must be malleable in order to follow the ebb and flow of the employment market, the family, or whatever realm it is part of. Finally, the project must be audacious, allowing one to get closer to his or her dreams and goals, all while remaining attainable. This allows the individual to construct a specific narrative through the project (Moreau, 2009). Having become so ingrained in society, this notion of the project is rarely questioned or critiqued: how can one be against having goals and personal projects? For individuals struggling with depression, however, it seemed that the pressure to have said projects can add to their distress and feelings of social inadequacy.

Recovery and the Self

Our results show that the period following depression entails a profound self-renewal and a (re-)negotiation of one's identity. The self played a key role in the

definition of the non-depressive state. It is both a means and an end associated with post-depression: in order to attain the post-depression state, participants consider that they must self-manage and act on themselves to transform their identity, and, conversely, they consider that a good relationship with their selves and with others constitutes an essential part of post-depression. When participants work toward this "post-depression", they initiate strategies and normalizing techniques to minimize the gap between their actual self and their idealized self. This implies that individuals must develop particular rapports with themselves, their mental health and the social world. This process is marked by the incorporation of a guiding thread that models one's self-reflexivity and allows one to evaluate whether their mental state is as it should be, or in need of being "worked at" (Roy, 2015; Scott, 2011). One's involvement in a process to attain a state of "post-depression" thus requires particular interactions with self and others. Our results indicate that participants' perceptions regarding the absence of depression are guided by benchmarks and put in practice through a series of comparisons between who they consider themselves to be at the moment and an ideal self that should meet a certain number of social expectations: one should have a house, a family, a steady job, etc. (Lloyd & Moreau, 2011). In short, individuals are required to go well beyond conforming to the expectation of self-management (Ehrenberg, 2005) by maximizing their potential to the fullest extent, and becoming a project in constant formation, reformation and transformation.

It seems that the quest for the state of non-depression is endless and perhaps unattainable. The image of non-depression is defined by social norms which are not necessarily accessible to some people who have experienced depression. As such, social ideals are transformed into norms (Dujarier, 2012) within the perception of post-depression. Since this image is idealized and unattainable, mental health and well-being—and the quest toward non-depression—is transformed into a never-ending process of self-improvement. Individuals experiencing depression may then construct an identity centred on the pathological (Negura, Boutin & Moreau, 2014), preventing them from living an ideal life.

The Politics of Recovery

We previously stated that the process of recovery is not only an individual endeavour and that it is also influenced by one's relations with others and with an idealized "non-depressive self". It is thus crucial to consider the politics of recovery and the context within which this takes place, as we cannot ignore macro-factors in

the self-disciplining process of recovery. Due to social inequalities related to poverty, sexism, racism, ableism, being optimistic, functional and fostering positive relationships is not equally accessible to all. In the blurring of depression, recovery and normality, individuals who experience these inequalities and are disadvantaged socioeconomically risk finding themselves in a double-bind of suffering and hindered access to essential therapies, treatments and interventions (Alegria et al., 2015). Finally, the suffering of those who are socially marginalized, disenfranchised, and stigmatized might very well constitute a rather normal response to pathological social systems (Karp, 1996). This additional complexity clouds the distinction between normal and pathological feelings and behaviours. As such, future research interested in the relation between social norms and the definition of post-depression could benefit from exploring participants' perceptions of the influence of such macro-factors in their understanding of the absence of depression, and the possible difficulties – such as stigma and self-stigma (Corrigan and Rao, 2012) in attaining this state.

5. LIMITS OF THE STUDY

This article sheds light on how individuals who have experienced depression perceive normality. However, our study contains limits. First, while our analysis presents a general overview of what it means to be "normal", we did not differentiate between dimensions of identity such as age, gender and class. Further studies done in an intersectional perspective (Collins & Bilge, 2016), for instance, could prove useful in understanding the different dimensions of identity and the experience of depression. First, our results would have been vastly different if our sampled had been comprised in part of individuals who have had longer-term experiences with the psychiatric system, individuals labelled as living with "severe and persistent" mental illnesses (Larose-Hébert, 2016). However, our sample was mostly composed of individuals who had episodic experiences of depression and a less frequent use of mental health services. Further studies would prove beneficial in understanding the differences between conceptions of normality and relationship with social norms for people with a more extensive use of mental health services. Women were also over-represented in our sample, which could be seen as a limit in terms of the generalizability of our results, but studies also tend to indicate that women are more often affected by depression (Platt, Prins, Bates & Keyes, 2016). Our recruitment methods also led to an over-representation of post-secondary

students, which could also explain the shorter-term nature of their experiences with depression and use of services.

6. CONCLUSION

Considering our results, the absence of depression does not equate to a return to an anterior state, nor is it strictly related to "healing" or the "absence" of mental illness: the non-depressive individual is characterized in part by one's ability to conform to certain normative expectations. This result also reflects the findings of previous studies on the subject which found that recovery is rarely seen as a return to an initial state (Bouillon, 2004; Mirabel-Sarron, 2002), a state prior to the experience of illness, but is rather seen as a normative ideal (Lloyd & Moreau, 2011; Roy, 2015). In this perspective, being non-depressive is seen both as normal, and an unattainable ideal. The experience of suffering is social (Moreau & Larose-Hébert, 2013), and so is the process of healing and recovery. Future research should then explore, not only the ways that social factors can influence and "determine" health, illness and recovery, but also the different social modalities through which these experiences are defined and given meaning.

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