Worksheet 6.2: Shyness and Mental Illness

Read the passage below and answer the questions that follow

Shyness involves an inability to interact with others as often or as fully as one would like and often causes some distress to those who suffer from it. However, should we go as far as to claim that shyness is a mental illness or that it involves some disordered functioning of the mind?

Western psychiatry views mental illness as if it were a physical state, with faulty or malfunctioning parts to be treated and repaired by the intervention of medical professionals. This is a direct application of the biomedical model which understands disease in terms of specific causes such as infections, genetic defects, brain disorders and chemical imbalances within the individual - while neglecting the wider social picture.

This approach to the treatment of mental disorders came under attack in the 1960s and 1970s from the anti-psychiatry movement in Britain and the United States. This disputed the claim that psychiatric assessments were value-free: they pointed to the values, biases and expectations held by psychiatrists which they thought affected their judgements about who was 'sane' or 'insane' within society.

Amongst the most famous proponents of the anti-psychiatry movement were Laing, Szasz and Scheff, whose arguments were strengthened by the pioneering work of Goffman. These writers argued that mental illness was not something that existed naturally within an individual but rather that it was a social judgement or label imposed upon behaviour which broke the norms and rules of expected social behaviour. The distinction between 'sane' and 'insane' people was arbitrary and subjective. Szasz argued it was inappropriate to apply the label of mental illness to 'problems in living' that affected the person's interactions with others, and that mental illness was simply a label used to define unusual or inappropriate behaviour as abnormal. Scheff suggested it was behaviour that was hard to understand or unreasonable in everyday situations, or that broke some of the informal rules of social life, that made them liable to labelling as mental illnesses. Shyness involves behaviour that is unusual and difficult to respond to, and can be seen as breaking some of the rules of interaction, but it is not clearly deviant in the sense of breaking a formal rule or law. Shyness may generate a reaction of awkwardness, uncertainty and discomfort in those around the 'shy' person, which is why they may be labelled as somehow abnormal. People are rarely subjected to psychiatric treatment simply for shyness, but there may be similarities between the way in which others react to the 'mentally ill' and to those they see as 'shy'.

Adapted from *The Sociological Relevance of Shyness* by Dr Susie Scott, from 'Shyness and Society - a sociological website about a cultural epidemic'. The full article can be viewed at www.sussex.ac.uk/Users/ss216/index.html#links

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Questions

1. What definition of shyness is given in the passage?
2. Identify *two* ways in which the anti-psychiatry movement challenged the biomedical approach to mental illness.
3. Suggest *two* reasons why shyness might be regarded as abnormal behaviour.
4. With reference to the passage, suggest two reasons why shyness might be regarded by some as a form of mental illness.
5. Suggest *two* reasons why people are rarely subjected to psychiatric treatment simply for shyness.
6. Drawing on information in the passage and your own wider reading, suggest reasons why some forms of unusual or odd behaviour are labelled as signs of mental illness while other similar forms of behaviour are not.
7. Explain with examples what the anti-psychiatry movement might have meant by 'the distinction between "sane" and "insane" people was arbitrary and subjective'.
8. What arguments are there in the passage for the view that mental illness is a social construction?