ORIGINAL ARTICLE

Women's Experiences of Social Anxiety Disorder: Privileging Marginalised Perspectives and Rewriting Dominant Narratives

Dr Katie Masters[1]

[1]Independent Scholar, UK

Abstract

While Social Anxiety Disorder's (SAD) overrepresentation in women has begun to be recognised in recent decades, the power to define and diagnose this 'mental health issue' remains the exclusive domain of the medical professional. Whereas women's own narratives have been used to both explore and reconceptualise other gendered 'mental health issues', such as Eating Disorders and Depression, analogous analyses have yet to be carried out vis-à-vis SAD. Performing individual, in-depth, semi-structured interviews with a modest number of women (self-)diagnosed with SAD begins to fill this critical gap. In so doing, it provides a platform on which these women can describe their experiences, define SAD for themselves, and tell us what their lives are actually like. In this paper, I showcase a sample of themes which arose in interviewing these women. I then place these into dialogue with the official psy science discourses on this diagnosis. My research thus advocates making space alongside the hitherto privileged perspectives of medical professionals, and the psy sciences, for the experiences and viewpoints of women (self-)diagnosed with SAD themselves. Ultimately, I show that listening to these women's voices problematises hegemonic discourses on women's 'madness'; offers new ways of understanding the socially anxious woman's experience; and has the potential to reconceptualise this 'mental health issue' in women.

Introduction

The establishment of psychiatry as a medical speciality in the early twentieth century[1] saw 'madness' being incorporated into medicine.[2] As Michel Foucault contends, medicine, and

---

[1] Joel Kovel, 'The American Mental Health Industry', in *Critical Psychiatry*, ed. by David Ingleby, 72–101 (New York: Pantheon, 1980).

[2] Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason* [based on an abridged version of *Folie et Déraison: Histoire de la Folie à L'âge Classique*]*,* trans. Richard Howard (London and New York: Routledge, 2001[1961]).

psychiatry in particular, have become authority discourses in modernity.[3] This has led to the forging of dominant narratives that medicalise 'deviant' ways of being: narratives which originate within the psy sciences, but which have subsequently bled into popular culture and now inform lay conceptions of mental ill health. Throughout the twentieth century, a more biological bent has crept into psychiatry,[4] and its subscription to a biomedical model[5] means that it increasingly imitates the 'hard' sciences.[6] Consequently, the discipline operates behind a 'scientific patina'[7] which occludes the conflation of notions of 'normality' with the category of 'illness': an important consideration for the field of Mad Studies, which seeks to '[c]ritically examin[e] the dominance of the psy disciplines and discourses'.[8]

One such deviation from 'normality' is the diagnosis 'Social Anxiety Disorder' (SAD), and discussing this diagnosis requires some consideration of the closely related concept of 'shyness'. Anti-psychiatrist Thomas Szasz famously observed 'the widespread passion to describe the most diverse human experiences and phenomena in medical or pseudomedical terms'.[9] Szasz is alluding to the phenomenon 'medicalisation', that is, 'to make medical'.[10] Numerous scholars have commented on how the mid-twentieth century has seen shyness become increasingly medicalised to the extent that it has morphed into multiple psychiatric diagnoses.[11] In this regard, the 1980s were a notable moment in the history of psychiatric nosology since this decade witnessed 'Social Phobia' and 'Avoidant Personality Disorder' being added to the revised third edition of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders (DSM)*.[12] Sociology of shyness scholar Susie Scott

---

[3] Michel Foucault, *History of Madness,* ed. Jean Khalfa, trans. Jonathan Murphy and Jean Khalfa (London and New York: Routledge, 2006) [*Folie et Déraison: Histoire de la Folie à L'âge Classique,* 1961]).

[4] Christopher Lane, *Shyness: How Normal Behavior Became a Sickness* (Yale University Press, 2007). <https://ebookcentral.proquest.com/lib/bham/reader.action?docID=3420940> [accessed 6 January 2021], p. 2
Nev Jones and Robyn Brown, 'The Absence of Psychiatric C/S/X Perspectives in Academic Discourse: Consequences and Implications', *Disability Studies Quarterly*, 33.1 (2012) <doi: 10.18061/dsq.v33i1.3433> [accessed 23 November 2021].

[5] Alvin Pam, 'A Critique of the Scientific Status of Biological Psychiatry: Part II: Errors in Conception', *Acta Psychiatrica Scandinavica,* 82.S362 (1990), 1–35 <doi: 10.1111/j.1600-0447.1990.tb06868.x> [accessed 4 January 2021].
Brett J. Deacon, 'The Biomedical Model of Mental Disorder: A Critical Analysis of its Validity, Utility, and Effects on Psychotherapy Research', *Clinical Psychology Review,* 33.7 (2013), 846–61 <doi: 10.1016/j.cpr.2012.09.007> [accessed 4 January 2021].

[6] Thomas S. Szasz, *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct* (New York: Harper and Row, 1974).

[7] Carl I. Cohen, 'The Biomedicalization of Psychiatry: A Critical Overview', *Community Mental Health Journal*, 29.6 (1993), 509–21 <doi: 10.1007/BF00754260> [accessed 25 September 2020], p. 517.

[8] Helen Spandler and Dina Poursanidou, 'Who Is Included in the Mad Studies Project?', *Journal of Ethics in Mental Health,* 10 (2019), 1–20 <http://clok.uclan.ac.uk/23384/> [accessed 23 November 2021], p. 3.

[9] Szasz, *The Myth of Mental Illness,* p. 87.

[10] Peter Conrad, 'Medicalization and Social Control', *Annual Review of Sociology*, 18 (1992), 209–32 <doi: 10.1146/annurev.so.18.080192.001233> [accessed 23 November 2021].

[11] Lane, *Shyness.*
Susie Scott, 'The Medicalisation of Shyness: From Social Misfits to Social Fitness', *Sociology of Health and Illness,* 28.2 (2006), 133–53, <doi: 10.1111/j.1467-9566.2006.00485.x> [accessed 3 January 2021].

[12] Lane, *Shyness*, pp. 2–3.

comments that, '[S]ince then, the[se] diagnostic label[s] ha[ve] been applied to an increasing number of people who would once have been seen as "just shy".'[13]

In brief, SAD is defined in the *DSM-5* as '[m]arked fear or anxiety about one or more social situations in which the individual is exposed to possible scrutiny by others'.[14] It is said to be the third most common 'mental illness' in the world.[15] Previous research has found this diagnosis to be more prevalent in women,[16] but insight into the subjective experiences of women with this diagnosis is lacking in extant scholarship — perhaps unsurprising, given that those with lived experience of madness are 'frequently frozen out of the processes of knowledge production' within academia.[17] *Women* with SAD, then, are not only subject to sexism, but also 'saneism', that is, 'discrimination against those who have been given a psychiatric diagnosis and/or who are perceived to be "mentally ill"'.[18] My aim in this paper is to 'balanc[e] the overwhelming majority of material written about those who are labelled mad by those who do the labelling and those who study them'.[19] I thus aim to amplify these marginalised perspectives, which 'have been traditionally silenced'.[20] That is, listening to the voices of the 'mad'[21] can 'allow us to challenge bio-psychiatry and dominant understandings

---

[13] Scott, 'The Medicalisation of Shyness', p. 135.

[14] American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders [DSM-5]* (Washington, DC: American Psychiatric Association Publishing, 2013) <https://ebookcentral.proquest.com/lib/bham/reader.action?docID=1811753> [accessed 6 January 2021], pp. 202–03.

[15] Social Anxiety Association, *Social Phobia* (2004) <http://www.socialphobia.org/> [accessed 27 July 2004] cited in Scott, 'The Medicalisation of Shyness', p. 136.

[16] Maya Asher, Anu Asnaani, and Idan M. Aderka, 'Gender Differences in Social Anxiety Disorder: A Review', *Clinical Psychology Review,* 56 (2017), 1–12 <doi: 10.1016/j.cpr.2017.05.004> [accessed 4 January 2021].
David J. De Wit, Michelle Chandler-Coutts, David R. Offord, Gillian King, Janette McDougall, Jacqueline Specht, and Shannon Stewart, 'Gender Differences in the Effects of Family Adversity on the Risk of Onset of DSM-III-R Social Phobia', *Journal of Anxiety Disorders,* 19.5 (2005), 479–502 <doi: 10.1016/j.janxdis.2004.04.010> [accessed 4 January 2021].
Hans-Ulrich Wittchen, Murray B. Stein, and Ronald C. Kessler, 'Social Fears and Social Phobia in a Community Sample of Adolescents and Young Adults: Prevalence, Risk Factors and Co-morbidity', *Psychological Medicine*, 29.2 (1999), 309–23 <doi: 10.1017/s0033291798008174> [accessed 4 January 2021].

[17] Milton (2014: 794), cited in Brigit McWade, Damian Milton, and Peter Beresford, 'Mad Studies and Neurodiversity: A Dialogue', *Disability and Society*, 30.2 (2015), 305–09 <doi: 10.1080/09687599.2014.1000512> [accessed 23 November 2021], p. 305.

[18] PhebeAnn M. Wolframe, 'The Madwoman in the Academy, or, Revealing the Invisible Straightjacket: Theorizing and Teaching Saneism and Sane Privilege', *Disability Studies Quarterly*, 33.1 (2012) <https://dsq-sds.org/article/view/3425/3200> [accessed 23 November 2021].

[19] David Crepaz-Keay and Jayasree Kalathil, 'Introduction: Personal Narratives and Madness', in *The Oxford Handbook of Philosophy and Psychiatry*', ed. by Jayasree Kalathil (Oxford University Press: Oxford, 2013), para. 9 <Companion Website: http://global.oup.com/booksites/content/9780199579563/narratives/> [accessed 23 November 2021].

[20] Anne O'Donnell, Lydia Sapouna, and Liz Brosnan, 'Storytelling: An Act of Resistance or a Commodity?', *Journal of Ethics in Mental Health, Special Theme Issue VI: Disordering Social Inclusion, Ethics, Critiques, Collaborations, Futurities,* 1 (2019), 1–13, p. 1 <https://jemh.ca/issues/v9/documents/JEMH%20Inclusion%20ix.pdf> [accessed 24 November 2021].

[21] Foucault, *History of Madness*.

---

of human distress and to create alternative views'.[22] In so doing, a different account of women's social anxiety to that produced within the psy sciences might be created. Indeed, the methodology I have chosen is conducive to this aim.

Method

Conceptual Framework

Echoing Jennifer M. Poole and Jennifer Ward, I posit that 'there are many ways to take up a Mad analysis'.[23] The way that I have chosen here draws on some of the tenets laid out by the 1960s 'anti-psychiatry' movement, which emerged as a critique of the medical speciality of psychiatry, positing that the discipline facilitates social control.[24] Anti-psychiatry also sought to render 'madness' intelligible, with Ronald David Laing, one of the movement's forerunners, famously describing insanity as 'a perfectly rational adjustment to an insane world'.[25] I also draw on feminism, devoting attention to exogenous structural factors which shape women's experiences of psychological distress, and interrogating how deviations from gendered norms are positioned — in both psy science and popular discourses — as mental pathology.

Feminist analyses have been performed on other diagnoses which are more prevalent in women, such as Depression,[26] Eating Disorders[27] and — retrospectively — Hysteria,[28] while anti-psychiatry has mainly considered Schizophrenia and Psychosis.[29] Likewise, Mad Studies has hitherto largely been concerned with experiences that 'more easily fit a social, oppression, or trauma-based model (like self-harm or hearing voices)'[30] and has not yet devoted full attention to other ways of being mad (see, for instance, Flick Grey's account of being 'just borderline mad'[31]). I therefore echo Nev Jones and Timothy Kelly, whose analysis of madness and disability 'begins from a place of discontent or dis-ease with the inattention paid to the

---

[22] O'Donnell et al., 'Storytelling', p. 1.

[23] Jennifer M. Poole and Jennifer Ward, '"Breaking Open the Bone": Storying, Sanism, and Mad Grief', in *Mad Matters: A Critical Reader in Canadian Mad Studies*, ed. by Brenda A. LeFrançois, Robert Menzies, Geoffrey Reaume, 94–104 (Toronto: Canadian Scholars' Press, 2013), p. 96.

[24] P. Rabinow, (ed.) trans. Robert Hurley et al., *The Essential Works of Michel Foucault 1954–1988, vol. 1, Ethics: Subjectivity and Truth* (New York: New York Press, 1997), p. 313.

[25] Ronald David Laing, quoted in Larry Chang, *Wisdom for the Soul: Five Millennia of Prescriptions for Spiritual Healing* (Washington DC: Gnosophia Publishing, 2006), p. 412.

[26] Janet Stoppard, *Understanding Depression: Feminist Social Constructionist Approaches* (London: Routledge, 2014).

[27] Patricia Fallon, Melanie A. Katzman, and Susan C. Wooley (eds.), *Feminist Perspectives on Eating Disorders* (New York: Guilford Press, 1996).

[28] Elaine Showalter, *The Female Malady: Women, Madness, and English Culture* (New York: Pantheon, 1985).

[29] Ronald David Laing, *The Divided Self: An Existential Study in Sanity and Madness* (London: Tavistock Publications Ltd., 1965).
David Cooper, *Psychiatry and Anti-psychiatry,* 2nd edn (St. Albans: Paladin, 1972).

[30] Spandler and Poursanidou, 'Who Is Included in the Mad Studies Project?', p. 14.

[31] Flick Grey, 'Just Borderline Mad', *Asylum Magazine* (2017) <https://asylummagazine.org/2017/03/just-borderline-mad-by-flick-grey/> [accessed 24 November 2021].

varieties of madness and their implications'.[32] That is, 'If Mad Studies is to really break new ground it needs to be able to offer new perspectives on a variety of mad experiences'[33] — one such mad experience is that of the socially anxious woman.

Procedure

This paper is premised on a larger study, comprised of the narratives of seven women with SAD, obtained through individual, in-depth, semi-structured interviews. Interviews took place in England, and participants had all lived in the UK for at least three years, an inclusion criterion chosen due to both feminine norms and psychiatric diagnoses' reliance on culture. Eligibility required the women to have SAD: some had been diagnosed by a medical professional and some were self-diagnosed. I opted not to require a professional diagnosis as the women in my sample were diverse, with intersecting marginalised identities. Owing to long NHS waiting lists — a situation which has been worsened by the Covid-19 pandemic[34] — and 'patchy' geographic delivery of mental health services,[35] treatment, and thus diagnosis, 'is not equally accessible across social groups, which represents a critical form of social inequality'.[36] Requiring a professional diagnosis would not only compound such inequality but would also run counter to my problematising of authority discourses on SAD: it would risk 'reproducing conventional psychiatric classifications of who is (or isn't) mad'.[37] It would also run counter to my aim to contribute to a context where others can better draw on their own power and personal control by allowing them to define their diagnosis for themselves, for, as Bruce M. Z. Cohen observes, survivors can be empowered 'through the privileging of experiential accounts on mental health'.[38]

My methodology was chosen with a key aim in mind: to carve out a space for the testimonies and viewpoints of women with SAD. As PhebeAnn Wolframe notes, '[M]ad people [...] are devoiced within academic, social service and government institutions.'[39] In order to address

---

[32] Nev Jones and Timothy Kelly, 'Inconvenient Complications: On the Heterogeneities of Madness and their Relationship to Disability', in *Madness, Distress, and the Politics of Disablement,* ed. By Helen Spandler, Jill Anderson, and Bob Sapey, 43–57 (Bristol: Policy Press, 2015), p. 44.

[33] Spandler and Poursanidou, 'Who Is Included in the Mad Studies Project?' p. 14.

[34] British Medical Association [BMA]*, Pressure Points in the NHS* (2021) <https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/pressure-points-in-the-nhs> [accessed 22 February 2021]. NHS England, *Consultant-led Referral to Treatment Waiting Times Data 2020-21* (2020) <https://www.england.nhs.uk/statistics/statistical- work-areas/rtt-waiting-times/rtt-data-2020-21/> [accessed 22 February 2021], cited in Shaun Griffin, 'Covid-19: Waiting Times in England Reach Record Highs', *British Medical Journal* (2020) 370.m3557, 1 <doi: 10.1136/bmj.m3557> [accessed 22 February 2021].

[35] Mind, *We Need To Talk: Getting the Right Therapy at the Right Time* (n.d.) <https://www.mind.org.uk/media/280583/We-Need-to-Talk-getting-the-right-therapy-at-the-right-time.pdf> [accessed 10 June 2019].

[36] Jennifer Vanderminden and Jennifer J. Esala, 'Beyond Symptoms: Race and Gender Predict Anxiety Disorder Diagnosis', *Society and Mental Health,* 9.1 (2019), 111–25 <doi: 10.1177/2156869318811435> [accessed 3 January], p. 113.

[37] Spandler and Poursanidou, 'Who Is Included in the Mad Studies Project?', p. 10.

[38] Bruce M. Z. Cohen, 'The Psychiatric Hegemon and the Limits of Resistance', *Philosophy, Psychiatry, & Psychology,* 23.3/4 (2016), 310–13 <doi: 10.1353/ppp.2016.0034> [accessed 24 November 2021], p. 310.

[39] Wolframe, 'The Madwoman in the Academy'.

---

this, 'Mad Studies should bring to the fore Mad people's experiential knowledge,'[40] and this work seeks to do just that. Semi-structured interviews were appropriate for this aim since they permit the participants to lead the interview, describing their subjective experiences 'in their own words'.[41] In this type of interview, the research participant becomes 'a participant in meaning making'.[42] They are therefore less likely to reproduce dominant narratives pertaining to their diagnoses[43] and, crucially, their experience is 'not [...] reinterpreted through psychiatric expertise'.[44] The in-depth interview is also an apt choice since interviewees can 'express deep feelings and give rich detail about specific experiences'[45] within this mode, which is designed to 'elicit detailed narratives and stories'[46] in the interviewee's own words.[47]

Interviews were recorded and then transcribed, and the transcripts were coded using general thematic analysis.[48] Themes were developed from participants' narratives, as opposed to pre-existing theory. Further to this, participants were invited to amend their transcripts and offer feedback on my analysis by means of member checking[49] — both were sent to participants via email once I had transcribed interviews and had a first draft of my analysis — to ensure that they were happy with my interpretation of their testimonies. Two participants requested minor alterations to the wording of their transcripts, where meaning was arguably ambiguous. This resulted in minimal changes to my analysis, but there were no substantive objections to how I had interpreted interviewees' testimonies. I propose that the depth and richness of participants' narratives; the participant-led format of interviews; and my own positionality as

---

[40] Sarah Golightley, 'It's Maddening: Re-Conceptualizing Embodiments of Mental and Physical Distress', *Journal of Ethics in Mental Health*, 10 (2019), 1–6 <https://jemh.ca/issues/v9/documents/JEMH%20Inclusion%20x.pdf> [accessed 24 November 2021], p. 6.

[41] Hilary Arksey and Peter T. Knight, *Interviewing for Social Scientists: An Introductory Resource with Examples* (London and Thousand Oaks, California: Sage Publications, 1999), p. 82.

[42] Barbara DiCicco-Bloom and Benjamin F. Crabtree, 'The Qualitative Research Interview', *Medical Education*, 40.4 (2006), 314–21 <doi: 10.1111/j.1365-2929.2006.02418.x> [accessed 5 January 2021], p. 314.

[43] Jane M. Ussher, 'The Role of Premenstrual Dysphoric Disorder in the Subjectification of Women', *Journal of Medical Humanities,* 24 (2003), 131–46 <doi: 10.1023/A:1021366001305> [accessed 4 January 2021], p. 136.

[44] Prateeksha Sharma, 'Shades of Silence: Doing Mental Health Research as an "Insider"', *Journal of Ethics in Mental Health*, 10 (2019), 1–12, <https://jemh.ca/issues/v9/documents/JEMH%20Inclusion%20xiii.pdf> [accessed 24 November 2021], p. 4.

[45] Victoria Healey-Etten and Shane Sharp, 'Teaching Beginning Undergraduates how To Do an In-depth Interview: A Teaching Note with 12 Handy Tips', *Teaching Sociology*, 38.2 (2010), 157–65 <doi: 10.1177/0092055X10364010> [accessed 5 January 2021], p. 159.

[46] DiCicco-Bloom and Crabtree, 'The Qualitative Research Interview', p. 317.

[47] Sara Owen, 'The Practical, Methodological and Ethical Dilemmas of Conducting Focus Groups with Vulnerable Clients', *Journal of Advanced Nursing*, 28.2 (2001), 345–52 <doi: 10.1046/j.1365-2648.2001.02030.x> [accessed 5 January 2021] cited in DiCicco-Bloom and Crabtree, 'The Qualitative Research Interview', pp. 316–17.

[48] Virginia Braun and Victoria Clarke, 'Using Thematic Analysis in Psychology'*, Qualitative Research in Psychology,* 3.2 (2006), 77–101 <doi: 10.1191/1478088706qp063oa> [accessed 4 January 2021].

[49] Linda Birt, Suzanne Scott, Debbie Cavers, Christine Campbell, and Fiona Walter, 'Member Checking: A Tool To Enhance Trustworthiness or Merely a Nod to Validation?', *Qualitative Health Research*, 26.13 (2016), 1802–11 <doi: 10.1177/1049732316654870> [accessed 24 March 2021].

a socially anxious woman all functioned to help prevent misinterpretations on my part during analysis.

On mad people's knowledge, Jasna Russo and Peter Beresford have asked, 'Who is the knower and whose knowledge counts?'[50] In response, this research deploys ideas from feminist standpoint theory: namely, that marginalised groups have knowledge that others are unable to access. Feminist epistemologist Nancy Hartsock contends that 'women's lives make available a particular and privileged vantage point on male supremacy'.[51] In addition to privileging women's perspectives, my approach endeavours to present the experience of the mad as valid knowledge.[52]

On epistemology, I acknowledge how my own identity as a woman with SAD has shaped the research project. In so doing, I espouse Donna Haraway's concept of 'situated knowledges', which are knowledges that are located and positioned and therefore offer a pathway to 'feminist objectivity'.[53] I also echo Elizabeth Mollard in her work on post-partum depression, wherein she notes that 'this phenomena [*sic*] is not fully understood by those who do not have first-hand experience'.[54] As such, insight derived from my lived experience has proven valuable to the project's trajectory.[55] That is, my positionality provides me with a privileged episteme from which to theorise women's SAD insofar as I use my own madness as a source

---

[50] Jasna Russo and Peter Beresford, 'Between Exclusion and Colonisation: Seeking a Place for Mad People's Knowledge in Academia', *Disability & Society*, 30.1 (2015), 153–57 <doi: 10.1080/09687599.2014.957925> [accessed 24 November 2021], p. 154.

[51] Ibid., p. 159.

[52] LeFrançois et al., *Mad Matters*.

[53] Donna Haraway, 'Situated Knowledges: The Science Question in Feminism and the Privilege of Partial Perspective', *Feminist Studies,* 14.3 (1988), 575–99 <doi: 10.2307/3178066> [accessed 4 January 2021], p. 581.

[54] Elizabeth Mollard, 'Exploring Paradigms in Postpartum Depression Research: The Need for Feminist Pragmatism', *Health Care for Women International*, 36.4 (2015), 378–91 <doi: 10.1080/07399332.2014.903951> [accessed 6 December 2021], p. 382.

[55] Anne Oakley, 'Interviewing Women: A Contradiction in Terms', in *Doing Feminist Research,* ed. by Helen Roberts, 30–61 (London: Routledge and Kegan Paul, 1981).
Pamela Cotterill and Gayle Letherby, '"Weaving Stories": Personal Auto/biographies in Feminist Research', *Sociology*, 27.1 (1993), 67–80 <doi: 10.1177/0038038593027001007> [accessed 4 January 2021].
Pamela Cotterill and Gayle Letherby, 'The "Person" in the Researcher', in *Studies in Qualitative Methodology, Vol. 4,* ed. by Robert G. Burgess, 107–36 (London: JAI Press, 1994).
Liz Stanley and Sue Wise, *Breaking Out Again: Feminist Ontology and Epistemology* (London: Routledge, 1993).
Jane Ribbens and Rosalind Edwards, *Feminist Dilemmas in Qualitative Research: Public Knowledge and Private Lives* (London: Sage, 1998).
All cited in Gayle Letherby, 'Dangerous Liaisons: An Auto/biography in Research and Research Writing', in *Danger in the Field: Risk and Ethics in Social Research,* ed. by Geraldine Lee-Treweek and Stephanie Linkogle (Taylor and Francis Group, 2000) <https://ebookcentral.proquest.com/lib/bham/reader.action?docID=166040> [accessed 6 January 2021], p. 95.

---

of knowledge.[56] Moreover, I have found that, like other feminist researchers,[57] once participants knew of my personal investment in the research questions, they were more forthcoming in their responses and I was quickly able to establish rapport.

Discussion

The remit of this paper concerns how interviewees rejected dominant narratives on SAD, and, in turn, forged new narratives on this diagnosis in women. I will home in on the testimonies of three women in particular: Ellen, Farah, and Amy. Ellen is a humanities graduate in her late twenties. She lives in a shared house in the South of England, where she works for an NGO. Farah is pursuing a PhD in the arts and is in her late thirties. After moving from Western Asia a few years ago, she now lives with her husband in a city in the Midlands of the UK. Amy is in her late twenties and studying for a doctorate in literature. After moving from the States upon completing her undergraduate degree, she now lives in the Midlands in the UK.

Accepting Difference

To begin, both Ellen and Farah were overtly critical of the dominant narratives on social anxiety as a **disorder**. Ellen told me, 'I've never said I have "Social Anxiety Disorder", I've just said I would [be] anxious with certain things.' Ellen's problematising of the diagnostic category 'Social Anxiety Disorder' coupled with her experiences of social anxiety — that she candidly revealed during her interview — represent a more nuanced position on social anxiety, and one that rejects dominant and binarist psy science conceptions of 'ill' and 'well', 'normal' and 'abnormal'. Anne Wilson and Peter Beresford sum up this rejection rather well in saying that 'the world does not consist of "normals" and "the mentally ill"; it consists of *people*, all of whom may experience mental and emotional distress at some time(s) in their lives'.[58] In her feminist reading of the diagnosis Postpartum Depression,[59] Natasha Mauthner similarly rejects the 'mental health' and 'mental illness' dualism, thereby evoking postmodern feminist disability theorists' writings on autism, which problematise 'the boundaries between normality and abnormality'.[60] Instead, as Chloë Taylor suggests in her research on Female

---

[56] Brenda A. LeFrançois, Peter Beresford, and Jasna Russo, 'Editorial: Destination Mad Studies', *Intersectionalities: A Global Journal of Social Work Analysis, Research, Polity, and Practice*, 5.3 (2016), 1–10 <https://journals.library.mun.ca/ojs/index.php/IJ/article/view/1690/1342> [accessed 24 November 2021].

[57] Janet Finch, '"It's Great To Have Someone To Talk to": The Ethics of Interviewing Women', in *Social Researching: Politics, Problems, Practice,* ed. by Colin Bell and Helen Roberts, 70–87 (London: Routledge and Kegan Paul, 1984), p. 79, cited in Letherby, 'Dangerous Liaisons', p. 97.

[58] Peter Beresford and Anne Wilson, 'Madness, Distress and Postmodernity: Putting the Record Straight', in *Disability/Postmodernity: Embodying Disability Theory*, ed. by Mairian Corker and Tom Shakespeare, 143–58 (London and New York: Continuum, 2002), p. 144.

[59] Natasha Mauthner, 'Towards a Feminist Understanding of Postnatal Depression', *Feminism and Psychology,* 3.3 (1993), 350–55 <doi: 10.1177/0959353593033006> [accessed 4 January 2021], p. 351.

[60] Kristin Bumiller, 'Quirky Citizens: Autism, Gender, and Reimagining Disability', *Signs: Journal of Women in Culture and Society,* 33.4 (2008), 967–91, <doi: 10.1086/528848> [accessed 6 December 2021], p. 971.

Sexual Dysfunction, mental illness and mental wellness are on a continuum.[61] While cleaving the population into 'mentally ill' and 'mentally well' provides a reductionist account of individuals' mental health, women's health activist Esther Rome contends that it also precludes accepting difference.[62] This was something about which Farah spoke in her interview, telling me, '[W]e can really embrace different images in society [...] and we don't need [...] to have just one good image of a successful person.'

Farah's call for what Alison Howell and Jijian Voronka describe as 'the positive valuing of madness as a form of difference'[63] is reminiscent of Kristin Bumiller's discussion of 'anti-normalisation' strategies in the case of autistic individuals. Anti-normalisation 'is devoted to pushing for the acceptance of difference and its full expression'[64] and strives for 'a utopian vision of a society that values human diversity'.[65] Bumiller notes that the tenets of anti-normalisation evoke the thoughts of John Stuart Mill, who envisaged a world where 'eccentricity is valued and [is] seen as contributing to the overall human good'.[66] In the spirit of Mill's argument, Farah tells us exactly how social anxiety can enrich both the experience of the socially anxious individual themselves, as well as society:

> I don't like to look at social anxiety as always a negative thing. I think it has some advantages [...] I'm an artist, so if you have a kind of career that that experience would be useful for you. I mean, you can be more creative [...] it wouldn't be 'disorder' anymore [...] you would use that experience to produce something.

Farah's harnessing her social anxiety in order to create art suggests parallels with the work of Ellen Forney, an artist with Bipolar Disorder, who, in her graphic novel *Marbles*, describes how she uses her 'manic' phases to create art.[67] Farah's social anxiety-fuelled creativity also calls to mind the thoughts of Scott, who notes some of 'the positive connotations of shyness (such as modesty, sensitivity and conscientiousness)'.[68] This narrative of social anxiety as advantageous, positive, and being the driving force behind the creation of artwork stands in contrast to the dominant psy science conception of SAD. The Royal College of Psychiatrists ominously outlines the all-pervasive nature of this mental health issue thus:

---

[61] Chloë Taylor, 'Female Sexual Dysfunction, Feminist Sexology, and the Psychiatry of the Normal', *Feminist Studies*, 41.2 (2015), 259–92 <doi: 10.15767/feministstudies.41.2.259> [accessed 4 January 2021], p. 286. Bordo (1993) and Heyes (2009), both cited in Taylor, 'Female Sexual Dysfunction', p. 286.

[62] Esther Rome, 'Premenstrual Syndrome (PMS) Examined through a Feminist Lens', *Health Care for Women International*, 7.1–2 (1986), 145–51 <doi: 10.1080/07399338609515729> [accessed 4 January 2021], p. 145.

[63] Alison Howell and Jijian Voronka, 'Introduction: The Politics of Resilience and Recovery in Mental Health Care', *Studies in Social Justice*, 6.1 (2012), 1–7 <doi: 10.7282/T3QN68S2> [accessed 24 November 2021], p. 3.

[64] Bumiller, 'Quirky Citizens', p. 980.

[65] Ibid. p. 979.

[66] Mill ([1859]1974), cited in Bumiller, 'Quirky Citizens', pp. 984–85

[67] Ellen Forney, *Marbles: Mania, Depression, Michelangelo, and Me* (New York: Penguin, 2012).

[68] Scott, 'The Medicalisation of Shyness', p. 148.

> Many sufferers cope by arranging their lives around their symptoms.
>
> This means that they (and their families) have to miss out on things they might otherwise enjoy.
>
> They can't visit their children's school, can't do the shopping or go to the dentist. They may even actively avoid promotion at work, even though they are quite capable of doing a more demanding and more financially rewarding job.
>
> About half of those with a severe phobia, particularly men, will have difficulty in making long-term relationships.[69]

As well as reframing social anxiety as a positive phenomenon, Farah's thoughts on her social anxiety evoke elements of the anti-psychiatry movement's tenet that psychological suffering can precipitate self-reflection and self-understanding. As Farah told me, '[E]ach time it happens you would realise that you are not in your comfort zone, so you would start to analyse the situation properly.' Indeed, Scott's words are again relevant here, for she argues that 'the idea that we can achieve personal growth by surviving psychological distress reminds us of Laing's influential remarks about schizophrenia as a voyage of self-discovery, and suggests that shyness' — or indeed SAD — 'represents a more "authentic" mode of being'.[70]

Socially Anxious Citizens

Despite Farah's view that her social anxiety can be a positive thing insofar as it inspires her to produce art, she is aware that her very insistence that her social anxiety is a good thing, in that it makes her productive, is a response to society's insistence that a productive citizen is a good citizen. That is, notions of mental wellness are entangled with the attributes of the ideal citizen. Seemingly aware of this, Farah goes on to tell me that she does not necessarily subscribe to the imperative to be productive:

> [...] it [social anxiety] would impact on your efficiency [...] and then when I think about efficiency or your productivity, again, I would doubt about the whole concept of being productive and being efficient [...] I would... Doubt about the whole idea of 'disorder' [...]

Implicit in Farah's narrative is a criticism of our capitalist society which mandates productivity. This mandate is manifest in that productivity — that is, 'work that produces quantitative results: grades, scores, certificates, degrees, titles, positions, and money' — is a ticket to 'institutional praise, value, progress and legitimacy': a state of affairs which 'serves the goals of Capitalism'[71] insofar as productivity is rewarded. On this point, Patricia Perkins tells us that '"productivity" implies and depends upon value-judgements [...] and it links

---

[69] Royal College of Psychiatrists, 'Shyness and Social Phobia', <https://www.rcpsych.ac.uk/mental-health/problems-disorders/shyness-and-social-phobia> [accessed 6 September 2019].

[70] Laing (1967), cited in Scott, 'The Medicalisation of Shyness', p. 148.

[71] Laura Honsig, 'EMERGING FEMINISMS, Capital-P-Productivity', *The Feminist Wire* (2016) <https://thefeministwire.com/2016/10/productivity/> [accessed 24 November 2021].

material and social factors with cultural determinants and understandings of value, or what is important in society'.[72]

The pathologisation of mental states which might impede productivity, such as social anxiety, calls to mind Nikolas Rose's contention that the psy sciences are

> [T]echnologies for the government of the soul which operate not through the crushing of subjectivity in the interests of control and profit, but by seeking to align political, social and institutional goals with individual pleasures and desires, and with the happiness and fulfilment of the self.[73]

Farah's narrative demonstrates a tacit awareness that the imperative to be productive as a means by which to attain self-fulfilment is something which the psy sciences encourage in order to fulfil the needs of capitalist society. In Farah's eyes, failure to live up to these needs does not constitute a 'disorder', thus is not grounds for medical treatment, at all. This aspect of Farah's narrative exemplifies how notions of 'mental health' are imbued with prevailing notions of normality in wider society: a far cry from the 'objectivity, free of biases of culture or class'[74] which the *DSM-5*'s diagnostic nosology attempts to present.

On this point, I wish to draw the reader's attention to the *DSM-5*'s list of the following, rather dire, 'functional consequences of Social Anxiety Disorder':

> Social anxiety disorder is **associated with elevated rates of school dropout** and with decreased well-being, **employment, workplace productivity, socioeconomic status**, and quality of life. Social anxiety disorder is also **associated with being single, unmarried, or divorced and with not having children**, particularly among men. In older adults, there may be impairment in caregiving duties and volunteer activities. Social anxiety disorder also impedes leisure activities.[75]

While painting a very grave picture of SAD, much like the Royal College of Psychiatrists' account presented earlier, it is also worth noting the repeated use of the term 'associated with' in the above said extract. It is not a statement of causality, but SAD as causative of these myriad of ill effects is implied. I propose that, in light of our society's pre-occupation with productivity — and indeed *re*-productivity, or adherence to the heteronormative nuclear family[76] — the reverse is more likely to be true. That is, failing to match up to these metrics of 'success' (employment, workplace productivity, high socioeconomic status, being married and having children) might stoke fears of being negatively evaluated by others: the defining feature of social anxiety. What is more, institutional biases are likely to play a role in an

---

[72] Patricia E. (Ellie) Perkins, 'Feminist Understandings of Productivity', at *Feminist Utopias: Redefining Our Projects* Conference, November 9–11, 2000, University of Toronto, Toronto, Canada.

[73] Rose (1990: 257) [Williams' emphasis], cited in Simon J. Williams, 'Reason, Emotion and Embodiment: Is "Mental" Health a Contradiction in Terms?', *Sociology of Health and Illness,* 22.5 (2000), 559–81 <doi: 10.1111/1467-9566.00220> [accessed 25 September 2020], p. 571.

[74] Cohen, 'The Biomedicalization of Psychiatry', p. 511.

[75] APA, *DSM-5*, p. 206, emphasis mine.

[76] Ashton R. Snider, *Heteronormativity and the Ideal Family* (2016). Master of Arts Thesis, University of Missouri, St Louis <https://irl.umsl.edu/thesis/220> [accessed 24 November 2021].

individual's falling short of these societal expectations for, as Laura Honsig notes, achieving productivity 'generally relies on rational intelligence, certain kinds of (usually technical) skills, and useful outcomes. All this tends to involve a specific (classed, gendered, racialized) background that has endowed someone with key qualities and opportunities'.[77] Exogenous structural factors therefore have a key role to play in an individual's wherewithal to be productive. In turn, perhaps these same exogenous structural factors have a larger role to play in marginalised groups' — for our purposes, women's — experiences of SAD than psy science discourses purport.

Social Anxiety and Social Control

In this section, I wish to draw on one of the core arguments of the anti-psychiatry movement, that is, the view that psychiatry functions as social control[78] and ensures adherence to normality. Cultural critic Christopher Lane alludes to this in describing SAD, and the related diagnosis Avoidant Personality Disorder, as 'signs of noncompliance with social norms'.[79] That is, '[M]edical discourses may frame diseases as a deviation from normal functioning.'[80] As such, I wish to consider participants' narratives in light of the idea that psychiatry enforces the norms of society by pathologising those who fall short. On this point, Farah spoke about when 'social anxiety' becomes 'Social Anxiety Disorder': 'It would be "disorder" if […] for example, [it] leads to something, like aggressive behaviour or something? […] When […] it's harmful to [an]other person, but when it's not… It's just social anxiety.'

In unpacking Farah's narrative, I wish to focus on her musing on social anxiety as 'harmful' to others. Although by no means overt, as in the case of aggressive behaviour, one of the ways that social anxiety could be construed as 'harmful' is in the socially anxious individual's interactions with others. Scott tells us that shyness — and I contend that her analysis applies equally well to social anxiety — brings about the breaking of 'rules' during socialising and therefore precipitates discomfort in the non-shy. That is, 'In everyday life, there is an expectation that "normal" (non-shy) people will display a certain level of interactional competence.'[81] In being shy, or socially anxious, an individual poses 'a threat to this order in that their "moves" are unexpected and uncoordinated with those around them'.[82] Further to this, '[S]hyness in itself can be perceived as such a threat to the flow of interaction, insofar as it is sometimes misinterpreted as rudeness or aloofness.'[83] The 'rule-breaking behaviour' that shyness entails can therefore 'evoke a defensive reaction of indignation, as an underlying moral order has been disturbed'.[84] Scott notes that, in the face of rule-breaking, '[I]t is easier and more socially facilitative to blame the individual than to reconfigure normative standards,

---

[77] Honsig, 'Capital-P-Productivity'.

[78] Rabinow, *The Essential Works of Michel Foucault,* p. 313.

[79] Lane, *Shyness* p. 168.

[80] Becker (1963), cited in Scott, 'The Medicalisation of Shyness', p. 148.

[81] Susie Scott, 'The Shell, the Stranger and the Competent Other: Towards a Sociology of Shyness', *Sociology,* 38.1 (2004), 121–37 <doi: 10.1177/0038038504039364> [accessed 4 January 2021], p. 128.

[82] Ibid.

[83] Susie Scott, 'The Red, Shaking Fool: Dramaturgical Dilemmas in Shyness', *Symbolic Interaction,* 28.1 (2005), 91–110 <doi: 10.1525/si.2005.28.1.91> [accessed 4 January 2021], p. 92.

[84] Scott, 'The Shell, the Stranger and the Competent Other', p. 127.

and so an account is produced of the rule-breaker as "shy"'[85] or 'disordered,' as in the case of SAD.

This brings us back to the question of exactly when 'social anxiety' becomes 'Social Anxiety Disorder'. As Scott wonders whether 'shyness is only a "problem" when others define it as such',[86] I posit that 'social anxiety' in women is construed as a 'disorder' only when it 'harms' others by making them uncomfortable. Adding to Scott's analysis, another of the women I interviewed, Amy, tells me that 'women are [...] conditioned to be more concerned with other people's feelings than our own', which stands in contradistinction to their causing discomfort in others by virtue of their reticence. As such, the threat that shy *women* pose is twofold: they threaten the order of social interaction *and* gendered expectations of behaviour.[87] In the wake of my argument, the following observation by Scott rings true, for she maintains that psychiatric diagnoses indicate 'social judgements about "appropriate" forms of behaviour'[88] as opposed to 'objective clinical knowledge'.[89] In unpicking Farah and Amy's remarks, we reveal a conception of SAD in women which stands in stark contrast to the 'objective' account of SAD with which the biomedical model of psychiatry presents us.

In Scott's schema of social interaction, the alternative to labelling the individual 'shy', or 'socially anxious', and blaming them for the 'shortcomings' in the social exchange, is to 'reconfigure normative standards'.[90] That is, perhaps society should be more accepting of a wider range of temperaments or personalities. Farah, in discussing no longer taking anti-depressants or undergoing psy science treatment, speaks to this idea in questioning, 'Why should I [...] be calm, all the time... What's the point? Why? Maybe it's not a bad thing if I have this experience.' Farah's testimony suggests not only a resistance to the conception of her social anxiety as a medical illness, but an active rejection of this narrative: a rejection that is reinforced by her conscious decision to abandon psychiatric treatment as a means by which to cope with her 'symptoms'. This aspect of Farah's testimony aligns with the thoughts of Steve Graby, who notes, '[W]hat is needed to alleviate distress is not "medical" intervention, but a transformation of society.'[91]

Conclusions

I have shown that considering the viewpoints of women with SAD, and thus providing a platform on which they can define their 'disorder' for themselves, troubles dominant conceptions of this 'mental health issue' in women. It thus represents a significant contribution to the field of Mad Studies, for which '[c]ritically examining the dominance of the

---

[85] Ibid., p. 128.

[86] Becker (1963), cited in Scott, 'The Medicalisation of Shyness', p. 148.

[87] Katie Masters, *Putting the 'Social' in 'Social Anxiety Disorder': Exploring Women's Experiences from a Feminist and Anti-psychiatry Perspective* (2021). PhD Thesis, University of Birmingham <https://etheses.bham.ac.uk/id/eprint/11639/> [accessed 1 September 2022].

[88] Conrad (2004), cited in Scott, 'The Medicalisation of Shyness', pp. 133–34.

[89] Ibid.

[90] Scott, 'The Shell, the Stranger and the Competent Other', p. 128.

[91] Steve Graby, 'Neurodiversity: Bridging the Gap Between the Disabled People's Movement and the Mental Health System Survivors' Movement?' in *Madness, Distress, and the Politics of Disablement,* ed. by Helen Spandler, Jill Anderson, and Bob Sapey, 231–43 (Bristol: Policy Press, 2015), p. 237.

psy disciplines and discourses is certainly a key component'.[92] Moreover, a Mad Studies approach should offer a 'unifying theoretical framework that has as its central goal the critique of biomedical psychiatry and the development of critical and radical counter-discourses'.[93] Participants' testimonies facilitate the birth of counter-discourses on women's SAD. These counter-discourses expose the psy sciences' conflation of normality with illness by scrutinising the demands that society makes of its citizens (productivity) and how those who fall short (gendered interactional competence) are pathologised. These counter-discourses also posit that social anxiety is not a defect or an illness but, rather, an intelligible response; an experience which can promote introspection and inspire the creation of art; and a different way of being.

In turn, there is a refutation of the individual pathology model,[94] that is, the notion that these women's 'mental illness' arises from something defective and innate. Rather, Farah's call to embrace diversity takes the opposing view. That is, following Graby,[95] she puts the onus on society to change and be more accepting of difference. Building upon Farah's narrative, if we are to alleviate women's distress associated with social anxiety, we must call for not merely the acceptance of different temperaments and diversities, idiosyncrasies and eccentricities, but rather, for them to be actively valued.

I want to end by quoting Natasha Mauthner, who explains the need for research such as my own in stating that 'women's personal accounts of their experience of distress, and the meaning that they attribute to it, are rarely taken into account, let alone presented, in the academic literature'. Moreover, even when women's views *are* considered, she tells us, '[T]hey are invariably "rewritten", as health professionals have tended to interpret information from people whom they consider to be "disturbed" as a distortion of reality.'[96] This echoes the thoughts of Russo and Bereford, who remark that 'mad voices have been – and continue to be – not heard, overwritten, silenced or even erased in the course of psychiatric treatment'.[97] Mad *women's* voices, then, are doubly silenced. Through adopting a position of advocacy, I have begun to carve out a space for these marginalised accounts: an important and long overdue endeavour since, as Donna Haraway has astutely observed, '[T]here is good reason to believe vision is better from below.'[98] In turn, heeding these women's stories can reveal 'what madness has to tell us both about our own individual lives and the societies [in which] we live'.[99]

---

[92] Spandler and Poursanidou, 'Who Is Included in the Mad Studies Project?', p. 3.

[93] Angela Sweeney, 'Why Mad Studies Needs Survivor Research and Survivor Research Needs Mad Studies'. *Intersectionalities: A Global Journal of Social Work Analysis, Research, Polity, and Practice*, 5.3, 36–61 <http://openaccess.sgul.ac.uk/id/eprint/108765> [accessed 24 November 2021], p. 47.

[94] Milena Büchs, 'Social Pathology', *The Blackwell Encyclopedia of Sociology* (2007) <doi: 10.1002/9781405165518.wbeoss173> [accessed 4 January 2021].

[95] Graby, 'Neurodiversity'.

[96] Goffman (1961), cited in Mauthner, 'Towards a Feminist Understanding of Postnatal Depression', p. 353.

[97] Russo and Beresford, 'Between Exclusion and Colonisation', p. 153.

[98] Haraway, 'Situated Knowledges', p. 583.

[99] LeFrançois et al., 'Destination Mad Studies', p. 5.

List of Works Cited

American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders [DSM-5]* (Washington, DC: American Psychiatric Association Publishing, 2013) <https://ebookcentral.proquest.com/lib/bham/reader.action?docID=1811753> [accessed 6 January 2021].

Arksey, Hilary, and Peter T. Knight, *Interviewing for Social Scientists: An Introductory Resource with Examples* (London and Thousand Oaks, California: Sage Publications, 1999).

Asher, Maya, Anu Asnaani, and Idan M. Aderka, 'Gender Differences in Social Anxiety Disorder: A Review', *Clinical Psychology Review,* 56 (2017), 1–12 <doi: 10.1016/j.cpr.2017.05.004> [accessed 4 January 2021].

Beresford, Peter, and Anne Wilson, 'Madness, Distress and Postmodernity: Putting the Record Straight', in *Disability/Postmodernity: Embodying Disability Theory*, ed. by Mairian Corker and Tom Shakespeare, 143–58 (London and New York: Continuum, 2002).

Birt, Linda, Suzanne Scott, Debbie Cavers, Christine Campbell, and Fiona Walter, 'Member Checking: A Tool To Enhance Trustworthiness or Merely a Nod to Validation?', *Qualitative Health Research*, 26.13 (2016), 1802–11 <doi: 10.1177/1049732316654870> [accessed 24 March 2021].

Braun Virginia, and Victoria Clarke, 'Using Thematic Analysis in Psychology'*, Qualitative Research in Psychology,* 3.2 (2006), 77–101 <doi: 10.1191/1478088706qp063oa> [accessed 4 January 2021].

British Medical Association [BMA]*, Pressure Points in the NHS* (2021) <https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/pressure-points-in-the-nhs> [accessed 22 February 2021].

Büchs, Milena, 'Social Pathology', *The Blackwell Encyclopedia of Sociology* (2007) <doi: 10.1002/9781405165518.wbeoss173> [accessed 4 January 2021].

Bumiller, Kristin, 'Quirky Citizens: Autism, Gender, and Reimagining Disability', *Signs: Journal of Women in Culture and Society,* 33.4 (2008), 967–91 <doi: 10.1086/528848> [accessed 6 December 2021].

Cohen, Bruce M. Z., 'The Psychiatric Hegemon and the Limits of Resistance', *Philosophy, Psychiatry, & Psychology,* 23.3/4 (2016), 310–13 <doi: 10.1353/ppp.2016.0034> [accessed 24 November 2021].

Cohen, Carl I., 'The Biomedicalization of Psychiatry: A Critical Overview', *Community Mental Health Journal*, 29.6 (1993), 509–21 <doi: 10.1007/BF00754260> [accessed 25 September 2020].

Conrad, Peter, 'Medicalization and Social Control', *Annual Review of Sociology*, 18 (1992), 209–32 <doi: 10.1146/annurev.so.18.080192.001233> [accessed 23 November 2021].

Cooper, David, *Psychiatry and Anti-psychiatry,* 2ndedn (St. Albans: Paladin, 1972).

Cotterill, Pamela, and Gayle Letherby, '"Weaving Stories": Personal Auto/biographies in Feminist Research', *Sociology*, 27.1 (1993), 67–80 <doi: 10.1177/0038038593027001107> [accessed 4 January 2021].

Cotterill, Pamela, and Gayle Letherby, 'The "Person" in the Researcher', in *Studies in Qualitative Methodology, Vol. 4,* ed. by Robert G. Burgess, 107–36 (London: JAI Press, 1994).

Crepaz-Keay, David, and Jayasree Kalathil, 'Introduction: Personal Narratives and Madness', in *The Oxford Handbook of Philosophy and Psychiatry*', ed. by Jayasree Kalathil (Oxford University Press: Oxford, 2013), para. 9 <Companion Website: http://global.oup.com/booksites/content/9780199579563/narratives/> [accessed 23 November 2021].

De Wit, David J., Michelle Chandler-Coutts, David R. Offord, Gillian King, Janette McDougall, Jacqueline Specht, and Shannon Stewart, 'Gender Differences in the Effects of Family Adversity on the Risk of Onset of DSM-III-R Social Phobia', *Journal of Anxiety Disorders,* 19.5 (2005), 479–502 <doi: 10.1016/j.janxdis.2004.04.010> [accessed 4 January 2021].

Deacon, Brett J., 'The Biomedical Model of Mental Disorder: A Critical Analysis of its Validity, Utility, and Effects on Psychotherapy Research', *Clinical Psychology Review,* 33.7 (2013), 846–61 <doi: 10.1016/j.cpr.2012.09.007> [accessed 4 January 2021].

DiCicco-Bloom, Barbara, and Benjamin F. Crabtree, 'The Qualitative Research Interview', *Medical Education*, 40.4 (2006), 314–21 <doi: 10.1111/j.1365-2929.2006.02418.x> [accessed 5 January 2021].

Fallon, Patricia, Melanie A. Katzman, and Susan C. Wooley (eds.), *Feminist Perspectives on Eating Disorders* (New York: Guilford Press, 1996).

Finch, Janet, '"It's Great To Have Someone To Talk to": The Ethics of Interviewing Women', in *Social Researching: Politics, Problems, Practice,* ed. by Colin Bell and Helen Roberts, 70–87 (London: Routledge and Kegan Paul, 1984).

Forney, Ellen, *Marbles: Mania, Depression, Michelangelo, and Me* (New York: Penguin, 2012).

Foucault, Michel, *History of Madness,* ed. Jean Khalfa, trans. Jonathan Murphy and Jean Khalfa (London and New York: Routledge, 2006) [*Folie et Déraison: Histoire de la Folie à L'âge Classique,* 1961]).

Foucault, Michel, *Madness and Civilization: A History of Insanity in the Age of Reason* [based on an abridged version of *Folie et Déraison: Histoire de la Folie à L'âge Classique*]*,* trans. Richard Howard (London and New York: Routledge, 2001[1961]).

Golightley, Sarah, 'It's Maddening: Re-Conceptualizing Embodiments of Mental and Physical Distress', *Journal of Ethics in Mental Health*, 10 (2019), 1–6 <https://jemh.ca/issues/v9/documents/JEMH%20Inclusion%20x.pdf> [accessed 24 November 2021].

Graby, Steve, 'Neurodiversity: Bridging the Gap Between the Disabled People's Movement and the Mental Health System Survivors' Movement?' in *Madness, Distress, and the Politics of Disablement,* ed. by Helen Spandler, Jill Anderson, and Bob Sapey, 231–43 (Bristol: Policy Press, 2015).

Grey, Flick, 'Just Borderline Mad', *Asylum Magazine* (2017) <https://asylummagazine.org/2017/03/just-borderline-mad-by-flick-grey/> [accessed 24 November 2021].

Griffin, Shaun, 'Covid-19: Waiting Times in England Reach Record Highs', *British Medical Journal* (2020) 370.m3557, 1 <doi: 10.1136/bmj.m3557> [accessed 22 February 2021].

Haraway, Donna, 'Situated Knowledges: The Science Question in Feminism and the Privilege of Partial Perspective', *Feminist Studies,* 14.3 (1988), 575–99 <doi: 10.2307/3178066> [accessed 4 January 2021].

Healey-Etten, Victoria, and Shane Sharp, 'Teaching Beginning Undergraduates how To Do an In-depth Interview: A Teaching Note with 12 Handy Tips', *Teaching Sociology*, 38.2 (2010), 157–65 <doi: 10.1177/0092055X10364010> [accessed 5 January 2021].

Honsig, Laur, 'EMERGING FEMINISMS, Capital-P-Productivity', *The Feminist Wire* (2016) <https://thefeministwire.com/2016/10/productivity/> [accessed 24 November 2021].

Howell, Alison, and Jijian Voronka, 'Introduction: The Politics of Resilience and Recovery in Mental Health Care', *Studies in Social Justice*, 6.1 (2012), 1–7 <doi: 10.7282/T3QN68S2> [accessed 24 November 2021].

Jones, Nev, and Robyn Brown, 'The Absence of Psychiatric C/S/X Perspectives in Academic Discourse: Consequences and Implications', *Disability Studies Quarterly*, 33.1 (2012) <doi: 10.18061/dsq.v33i1.3433> [accessed 23 November 2021].

Jones, Nev, and Timothy Kelly, 'Inconvenient Complications: On the Heterogeneities of Madness and their Relationship to Disability', in *Madness, Distress, and the Politics of Disablement,* ed. by Helen Spandler, Jill Anderson, and Bob Sapey*,* 43–57 (Bristol: Policy Press, 2015).

Kovel, Joel, 'The American Mental Health Industry', in *Critical Psychiatry*, ed. by David Ingleby, 72–101 (New York: Pantheon, 1980).

Laing, Ronald David, quoted in Larry Chang, *Wisdom for the Soul: Five Millennia of Prescriptions for Spiritual Healing* (Washington DC: Gnosophia Publishing, 2006).

Laing, Ronald David, *The Divided Self: An Existential Study in Sanity and Madness* (London: Tavistock Publications Ltd., 1965).

Lane, Christopher, *Shyness: How Normal Behavior Became a Sickness* (Yale University Press, 2007) <https://ebookcentral.proquest.com/lib/bham/reader.action?docID=3420940> [accessed 6 January 2021].

LeFrançois, Brenda A., Peter Beresford, and Jasna Russo, 'Editorial: Destination Mad Studies', *Intersectionalities: A Global Journal of Social Work Analysis, Research, Polity, and Practice*, 5.3 (2016), 1–10 <https://journals.library.mun.ca/ojs/index.php/IJ/article/view/1690/1342> [accessed 24 November 2021].

Letherby, Gayle, 'Dangerous Liaisons: An Auto/biography in Research and Research Writing', in *Danger in the Field: Risk and Ethics in Social Research,* ed. by Geraldine Lee-Treweek and Stephanie Linkogle (Taylor and Francis Group, 2000) <https://ebookcentral.proquest.com/lib/bham/reader.action?docID=166040> [accessed 6 January 2021].

Masters, Katie, *Putting the 'Social' in 'Social Anxiety Disorder': Exploring Women's Experiences from a Feminist and Anti-psychiatry Perspective* (2021). PhD Thesis, University of Birmingham <https://etheses.bham.ac.uk/id/eprint/11639/> [accessed 1 September 2022].

Mauthner, Natasha, 'Towards a Feminist Understanding of Postnatal Depression', *Feminism and Psychology,* 3.3 (1993), 350–55 <doi: 10.1177/0959353593033006> [accessed 4 January 2021].

McWade, Brigit, Damian Milton, and Peter Beresford, 'Mad Studies and Neurodiversity: A Dialogue', *Disability and Society*, 30.2 (2015), 305–09 <doi: 10.1080/09687599.2014.1000512> [accessed 23 November 2021].

Mind, *We Need To Talk: Getting the Right Therapy at the Right Time* (n.d.) <https://www.mind.org.uk/media/280583/We-Need-to-Talk-getting-the-right-therapy-at-the-right-time.pdf> [accessed 10 June 2019].

Mollard, Elizabeth, 'Exploring Paradigms in Postpartum Depression Research: The Need for Feminist Pragmatism', *Health Care for Women International*, 36.4 (2015), 378–91 <doi: 10.1080/07399332.2014.903951> [accessed 6 December 2021].

NHS England, *Consultant-led Referral to Treatment Waiting Times Data 2020-21* (2020) <https://www.england.nhs.uk/statistics/statistical- work-areas/rtt-waiting-times/rtt-data-2020-21/> [accessed 22 February 2021].

O'Donnell, Ann, Lydia Sapouna, and Liz Brosnan, 'Storytelling: An Act of Resistance or a Commodity?', *Journal of Ethics in Mental Health, Special Theme Issue VI: Disordering Social Inclusion, Ethics, Critiques, Collaborations, Futurities,* 1 (2019), 1–13, <https://jemh.ca/issues/v9/documents/JEMH%20Inclusion%20ix.pdf> [accessed 24 November 2021].

Oakley, Anne, 'Interviewing Women: A Contradiction in Terms', in *Doing Feminist Research,* ed. by Helen Roberts, 30–61 (London: Routledge and Kegan Paul, 1981).

Owen, Sara, 'The Practical, Methodological and Ethical Dilemmas of Conducting Focus Groups with Vulnerable Clients', *Journal of Advanced Nursing*, 28.2 (2001), 345–52 <doi: 10.1046/j.1365-2648.2001.02030.x> [accessed 5 January 2021].

Pam, Alvin, 'A Critique of the Scientific Status of Biological Psychiatry: Part II: Errors in Conception', *Acta Psychiatrica Scandinavica,* 82.S362 (1990), 1–35 <doi: 10.1111/j.1600-0447.1990.tb06868.x> [accessed 4 January 2021].

Perkins, Patricia E. (Ellie), 'Feminist Understandings of Productivity', at *Feminist Utopias: Redefining Our Projects* Conference, November 9–11, 2000, University of Toronto, Toronto, Canada.

Poole, Jennifer M., and Jennifer Ward, '"Breaking Open the Bone": Storying, Sanism, and Mad Grief', in *Mad Matters: A Critical Reader in Canadian Mad Studies*, ed. by Brenda A. LeFrançois, Robert Menzies, Geoffrey Reaume, 94–104 (Toronto: Canadian Scholars' Press, 2013).

Rabinow, P. (ed.) trans. Robert Hurley et al., *The Essential Works of Michel Foucault 1954–1988, vol. 1, Ethics: Subjectivity and Truth* (New York: New York Press, 1997).

Ribbens, Jane, and Rosalind Edwards, *Feminist Dilemmas in Qualitative Research: Public Knowledge and Private Lives* (London: Sage, 1998).

Rome, Esther, 'Premenstrual Syndrome (PMS) Examined through a Feminist Lens', *Health Care for Women International*, 7.1–2 (1986), 145–51 <doi: 10.1080/07399338609515729> [accessed 4 January 2021].

Royal College of Psychiatrists, 'Shyness and Social Phobia', <https://www.rcpsych.ac.uk/mental-health/problems-disorders/shyness-and-social-phobia> [accessed 6 September 2019].

Russo, Jasna, and Peter Beresford, 'Between Exclusion and Colonisation: Seeking a Place for Mad People's Knowledge in Academia', *Disability & Society*, 30.1 (2015), 153–57 <doi: 10.1080/09687599.2014.957925> [accessed 24 November 2021].

Scott, Susie, 'The Medicalisation of Shyness: From Social Misfits to Social Fitness', *Sociology of Health and Illness,* 28.2 (2006), 133–53 <doi: 10.1111/j.1467-9566.2006.00485.x> [accessed 3 January 2021].

Scott, Susie, 'The Red, Shaking Fool: Dramaturgical Dilemmas in Shyness', *Symbolic Interaction,* 28.1 (2005), 91–110 <doi: 10.1525/si.2005.28.1.91> [accessed 4 January 2021].

Scott, Susie, 'The Shell, the Stranger and the Competent Other: Towards a Sociology of Shyness', *Sociology,* 38.1 (2004), 121–37 <doi: 10.1177/0038038504039364> [accessed 4 January 2021].

Sharma, Prateeksha, 'Shades of Silence: Doing Mental Health Research as an "Insider"', *Journal of Ethics in Mental Health*, 10 (2019), 1–12, <https://jemh.ca/issues/v9/documents/JEMH%20Inclusion%20xiii.pdf> [accessed 24 November 2021].

Showalter, Elaine, *The Female Malady: Women, Madness, and English Culture* (New York: Pantheon, 1985)*.*

Snider, Ashton R., *Heteronormativity and the Ideal Family* (2016). Master of Arts Thesis, University of Missouri, St Louis <https://irl.umsl.edu/thesis/220> [accessed 24 November 2021].

Social Anxiety Association, *Social Phobia* (2004) <http://www.socialphobia.org/> [accessed 27 July 2004].

Spandler, Helen, and Dina Poursanidou, 'Who Is Included in the Mad Studies Project?', *Journal of Ethics in Mental Health,* 10 (2019), 1–20 <http://clok.uclan.ac.uk/23384/> [accessed 23 November 2021].

Stanley, Liz, and Sue Wise, *Breaking Out Again: Feminist Ontology and Epistemology* (London: Routledge, 1993).

Stoppard, Janet, *Understanding Depression: Feminist Social Constructionist Approaches* (London: Routledge, 2014).

Sweeney, Angela, 'Why Mad Studies Needs Survivor Research and Survivor Research Needs Mad Studies', *Intersectionalities: A Global Journal of Social Work Analysis, Research, Polity, and Practice*, 5.3, 36–61 <http://openaccess.sgul.ac.uk/id/eprint/108765> [accessed 24 November 2021].

Szasz, Thomas S., *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct* (New York: Harper and Row, 1974).

Taylor, Chloë, 'Female Sexual Dysfunction, Feminist Sexology, and the Psychiatry of the Normal', *Feminist Studies*, 41.2 (2015), 259–92 <doi: 10.15767/feministstudies.41.2.259> [accessed 4 January 2021].

Ussher, Jane M., 'The Role of Premenstrual Dysphoric Disorder in the Subjectification of Women', *Journal of Medical Humanities,* 24 (2003), 131–46 <doi: 10.1023/A:1021366001305> [accessed 4 January 2021].

Vanderminden, Jennifer, and Jennifer J. Esala, 'Beyond Symptoms: Race and Gender Predict Anxiety Disorder Diagnosis', *Society and Mental Health,* 9.1 (2019), 111–25 <doi: 10.1177/2156869318811435> [accessed 3 January].

Williams, Simon J., 'Reason, Emotion and Embodiment: Is "Mental" Health a Contradiction in Terms?', *Sociology of Health and Illness,* 22.5 (2000), 559–81 <doi: 10.1111/1467-9566.00220> [accessed 25 September 2020].

Wittchen, Hans-Ulrich, Murray B. Stein, and Ronald C. Kessler, 'Social Fears and Social Phobia in a Community Sample of Adolescents and Young Adults: Prevalence, Risk Factors and Co-morbidity'*, Psychological Medicine*, 29.2 (1999), 309–23 <doi: 10.1017/s0033291798008174> [accessed 4 January 2021].

Wolframe, PhebeAnn M., 'The Madwoman in the Academy, or, Revealing the Invisible Straightjacket: Theorizing and Teaching Saneism and Sane Privilege', *Disability Studies Quarterly*, 33.1 (2012) <https://dsq-sds.org/article/view/3425/3200> [accessed 23 November 2021].