Book

How shyness became social phobia

In 1917, the American Psychiatric Association (APA) recognised 59 psychiatric disorders. With the introduction of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), often called the psychiatrist's bible, in 1952, this rose to 128 disorders. By 1968 it was 159, 227 in 1980, and 253 in 1987. Currently *DSM-IV* has 347 categories, and it would be a brave person who would anticipate anything other than a further increase in the next edition.

In his splendid book, *Shyness: How Normal Behavior Became a Sickness*, Christopher Lane concentrates on just one of the many newcomers to the diagnostic canon. Drawing on documents exchanged behind the scenes during the creation of *DSM-III*, he focuses on how, with the help of psychiatrists, journalists, and drug companies, shyness—once seen as a normal variation of character or personality—became incorporated into the *DSM* as social phobia or avoidant personality disorder. His critique sits alongside Allan Horwitz and Jerome Wakefield's dissection of the gradual extension of the boundaries of depression in *The Loss of Sadness*.

All psychiatrists are familiar with those whose crippling phobias and panic attacks prevent them from engaging in any form of social interaction, whilst major depression remains a worldwide scourge. Lane accepts this, but what concerns him is how one draws the line between the normal and abnormal. In a previous generation, says Lane, shy people were seen as introverted, but not mentally ill. Now embarrassment about eating alone in restaurants, or concern about interacting with figures in authority is part of the definition of social anxiety disorder. How, then, have we redefined the shy individuals of his parents' generation into a new army of people with mental health problems?

It is a well worn path. At first only a few cases will be known to the mental health services—"the tip of the iceberg". Next comes large-scale studies, with the inevitable conclusion that the new condition is a "hidden public-health problem", after which it can be called the "disorder of the decade", as social anxiety disorder was, indeed, labelled in the 1990s. Finally, a sustained campaign to educate the public can be launched. Lane gives a compelling description of this process for social phobia, but it is a story that could also apply to several other conditions.

"Treat someone for shyness, and the insurance companies will laugh at you. Treat someone with social phobia, with its *DSM* seal of approval as disorder 300·23, and the bill will be paid."

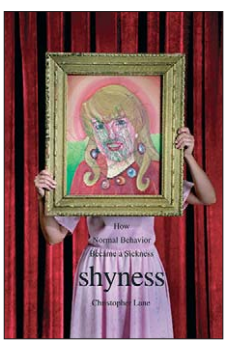
Lane and other critics, such as David Healy, accuse the drug companies of medicalising problems like shyness and unhappiness. The drug industry develops compounds such as diazepam, fluoxetine, or paroxetine, and then promotes the creation of disorders for which these new drugs are the apparent answer. Lane quotes Isaac Marks, a pioneer of research into the anxiety disorders but opposed to the construction of social anxiety as an independent diagnosis, who described the promotion of social anxiety disorder as an advertising ploy to exaggerate the plight of the socially anxious.

There is truth in these arguments, but it would be naive to lay the blame for these expansionist tendencies solely at the feet of Big Pharma. The psychiatric profession has had a key role in hyping vaguely defined ailments without much scientific research or credibility. This is partly the result of the reimbursement system that governs American psychiatry. Treat someone for shyness, and the insurance companies will laugh at you. Treat someone with social phobia, with its *DSM* seal of approval as disorder 300·23, and the bill will be paid. Indeed, it could have been worse. Lane's research in the archives of the APA shows that months of protracted discussion were necessary before other conditions such as "chronic complaint disorder" or "chronic undifferentiated unhappiness" were dropped.

Once a new disorder has sprung Athena-like from the head of the APA, the product still needs to be marketed. One technique is the celebrity disease endorsement. American football star Ricky Williams, for example, chose the *Oprah Winfrey Show* to "come out" with his social phobia. Lane hints that his real shyness lay in not disclosing the fee he received from the public relations agency acting on GlaxoSmithKline's behalf. The marketing impact of this epitome of masculinity admitting to a mental health problem then cured by an anxiolytic must have been immense. Unfortunately, Williams's benefit to the drug company, like his career, came to a halt when it turned out he was also taking rather different drugs banned by the National Football League—drugs he later publicly said were more effective in building his confidence.

Some of this is no surprise. The Ivan Illich inspired sociology that I was taught as a medical student showed that the medical profession was always seeking to extend its boundaries at the expense of the public. But Illich never anticipated the social revolution of self-help, therapy, and self-improvement that means the public is now part of the process. But the unstoppable growth of another "hidden public health problem", attention deficit hyperactivity disorder (ADHD) shows other actors at work, not just the APA and the drug companies.

One psychiatrist quoted by Lane remarked that "we used to have a word



Shyness: How Normal Behavior Became a Sickness
Christopher Lane.
Yale University Press, 2008.
Pp 272. US$27·50 (£19·99).
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See **Seminar** page 1115

For **Arthur Kleinman's review of *The Loss of Sadness*** see **Perspecives** *Lancet* 2007; **370:** 819–20.

for sufferers of ADHD. We called them boys", and few can doubt that the label is now getting applied to many children who misbehave. But the attempts by child psychiatrists to restrict the label to a narrowly defined small group of children are often opposed by teachers and parents. How much easier is it at the dinner table to announce that Johnny has ADHD and is receiving medication for his problems, rather than admitting he is a nightmare to teach and not much better at home?

What remains unknown is the consequence of these shifting boundaries and new labels. I recently saw the child of prosperous parents, who was a problem at home and school. By the age of 13 years he had eight diagnoses and nine mental health professionals involved in his care and education. His family doctor, however, felt that the real problem was that the boy was lucky if he saw his parents for more than 1 hour each week, and was sceptical that throwing therapists, diagnoses, and stimulant medication at him was going to help.

How will children like this grow up? And what does it mean to think that your behaviour is not your own responsibility, but is because of your brain being wired differently than the rest of your class? Might these children come to believe that they are indeed different—set apart and endlessly in need of support and treatment even as they enter adulthood?

There is another reason for concern. A genuine debate about the limits of psychiatry is being hijacked by some, like the Scientologists, to attack the entire enterprise of psychiatry. Yet severe mental disorders remain a scourge. In the developing world, most of those with major depression, mania, or schizophrenia languish unnoticed and untreated. Lane quotes with approval the warning of psychiatrist Arthur Kleinman that "including mild forms of anxiety and depression under an ever widening umbrella of mental disorders will divert attention and resources from diseases like schizophrenia and major depression which remain under treated and stigmatized across much of the world".

And even in affluent societies anyone who has a child with schizophrenia or a severely depressed husband knows all too well that our current treatments and services are inadequate. It is now over half a century since the last genuine breakthrough, the discovery of chlorpromazine. Like it or not, the next major leap forward in the treatment of major mental disorders will come from neuroscience, and will be funded by the pharmaceutical industry. Pathologising shyness, eccentricity, or sadness does few any favours—neither those who receive unhelpful labels, nor those with major mental disorders who need all the resources and research we can muster.

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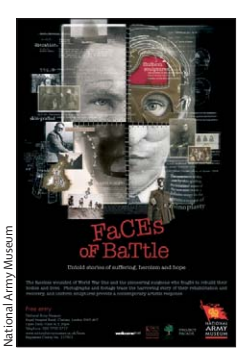

National Army Museum

Faces of Battle
The National Army Museum, London, UK, until summer 2008.
http://www.national-army-museum.ac.uk/faces
http://www.projectfacade.com

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In brief

Exhibition War wounded

"Hardest of all was the task of trying to rekindle the desire to live in men condemned to live week after week smothered in bandages…all the while knowing themselves to be appallingly disfigured" wrote nurse Catherine Black, of the plight of more than 5000 battle-scarred British and Commonwealth soldiers, sailors, and airmen treated at Queen's Hospital, Sidcup, UK, between 1917 and 1925.

First World War trenches protected soldiers' bodies, but their heads remained vulnerable to artillery shells, shrapnel, and sniper fire. Surgeon Harold Gillies realised that the number and severity of facial casualties were unprecedented. His specialist unit developed new techniques for surgical reconstruction. Gillies used patients' own bone and cartilage to rebuild their faces and laid the foundations for modern plastic surgery. Artists made coloured drawings of patients' injuries, which were more useful than photographs, in planning complex series of operations.

Contemporary artist Paddy Hartley has worked with Andrew Bamji, rheumatologist and Curator of the Gillies Archives, and Ian Thompson, of the Oral Maxillofacial Department, Guys Hospital, on *Project Façade* to explore the surgical and personal histories of Gillies' patients. In *Faces of Battle*, Hartley reveals the poignant experiences of these men.

Beginning with the basic uniform specific to each man's service and rank, he has embroidered them with personal and surgical details; maps showing the battles in which they were wounded, text describing their operations, and schematic surgical diagrams. Even the fabric of their tunics is cut and stitched to represent Gillies' skilled surgical manipulation of flesh, rebuilding men's faces and lives.

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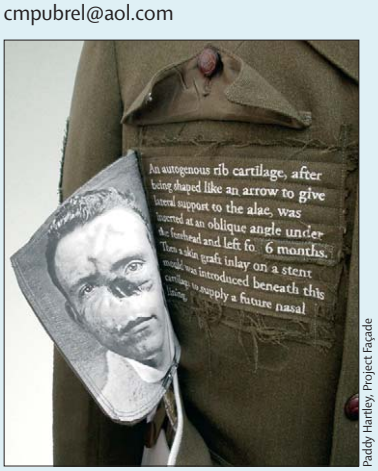

Paddy Hartley, Project Façade

Paddy Hartley, *Spreckley II* (2007)
Detail of Officer's tunic with photograph of Lieutenant William Spreckley.