

BOOK REVIEWS

Shyness: How Normal Behavior Became a Sickness by Christopher Lane. Yale University Press, 2007. 272 pp. \$27.50 (hardcover). ISBN 9780300124460.

Referring to the current edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*, a tome revered as the final authority on psychiatric disorders, the American Psychiatric Association (APA) states that

As the number of psychiatric diagnoses has grown over time, researchers and clinicians have been able to share their knowledge of mental disorders with greater precision. An increased number of diagnoses does not mean, however, that more individuals are being diagnosed with mental illnesses. The diagnostic “pie” has not gotten larger; rather, the pieces of that pie have gotten smaller and more precise. More precise diagnoses significantly aid the advance of research and treatment. (1997: 2)

Psychiatrists it seems, would like us, the general public, to believe that their intentions are magnanimous. We are supposed to accept that the “pie” is not getting bigger; that each new psychiatric diagnosis serves only to advance scientific research and improve the lives of those suffering from the identified malaise. We are to believe that the recurrent explosion in psychiatric illnesses and the simultaneous discovery of seemingly miraculous drugs to cure them signals nothing other than benevolent progress.

For some time people have been expressing doubt, suggesting that the relabeling of human experiences has gone too far, and wondering whether the flurry of diagnosing and medicating is not more about profit than it is about making us mentally healthy. *Shyness* is, to the extent that it puts substance to these concerns, a valuable book.

First, Lane briefly describes the conflict, dating back to the 19th century, between psychoanalytic and physiological psychiatry over the nature and cause of mental problems. This struggle culminated in victory for the latter and, as the biological model took hold of the profession, it became progressively easier to reposition human characteristics as pathologies requiring treatment. Common, “garden variety” behaviors and emotions that earlier might have been considered annoying or unpleasant became redefined as an array of mental disorders.

Then, in intriguing detail, drawing on previously classified material, Lane weaves a readable story about the inner workings of the APA committee charged with the task of rewriting the *DSM*. Focusing, as he does, on the role played by its long-term chairman, Robert Spitzer, is fitting as it was primarily under Spitzer’s direction that the *DSM* doubled from 180 categories in 1968 (already up from the 106 found in the first *DSM* published in 1962) to over 350 by 1994.

Lane documents, with the support of fascinating, internequine correspondence, the quarrels and compromises that resulted in taskforce members dropping by the wayside as Spitzer undauntedly pursued his belief that “mental ailments were

really medical disorders” (p. 56). For instance, Richard Schwartz of the Cleveland Clinic took exception with DSM-III (and with Spitzer) for classifying “abnormalities of thought, emotion and behavior” as illnesses while he considered them to “lie outside the domain of psychiatry” (p. 64). He is quoted as writing that “my quarrel with DSM-III is that for many of the disorders listed therein, the social consensus that they are true diseases and should be managed by the psychiatric profession is lacking” (p. 76). Despite such opposition, Spitzer got his way on this and many other occasions.

Chapter 3 focuses on shyness, chosen by Lane to illustrate how a generally (and historically) “normal” characteristic can be turned into a diagnosable disease. Shyness as a concept catches public attention and, given the “head scratching” response to shyness being elevated from a familiar human trait to a serious psychological condition, he chose well. Lane’s take on the transmogrification of shyness makes for an interesting read.

Shyness isn’t shyness anymore. It is “a disease” that Henderson and Zimbardo, of the Shyness Institute in Palo Alto, warned is a “public health danger that appears to be heading toward epidemic proportion” (p. 5). From Lane’s perspective, the *DSM-III-R* was instrumental in turning an “apparently relatively rare problem into one that could afflict almost everyone on the planet” (p. 100). Shyness, social phobia, avoidant personality, introverted personality disorder, all disappeared as a new disorder, branded with a new name, was created—social anxiety disorder.

And here the plot thickens. In an engrossing fourth chapter, the author describes how pharmaceutical giants began ringing the public alarm bells while, at the same time, they retained public relations firms to reposition their existing drugs, such as the antidepressant class of selective serotonin reuptake inhibitors (SSRIs), to meet the anticipated (and created) demand. Paxil was one of these drugs and the one on which Lane focuses the reader’s attention. “The initial goal. . .” he writes, “was less to promote Paxil than ‘to educate reporters, consumers, and in some cases, physicians, in an effort to encourage diagnosis and treatment’ ” (p. 122). Targeted consumers, television commercials, magazine ads, bus shelter posters, and celebrity endorsements carried the message.

By the early years of the 21st century, almost everyone knew that social anxiety disorder was “the problem” and that Paxil was “the answer.”

But this answer, like most authoritatively expressed answers, had its qualifiers. In this instance, these qualifiers were significant ones that for an unacceptably long time were ignored. Their uncovering is the focus of Lane’s fifth chapter.

As Paxil, its generic version and other SSRI’s continued to be strongly promoted, upwards of 20% of users found that the drugs either did not work or produced disturbing side effects. For those individuals, and for others who just failed to follow the regimen, withdrawal was often difficult, leading to serious harmful reactions. Along with the identification of these reactions as a “rebound syndrome” (p. 139), came a noticeable public, and legal, backlash against the drugs. In one case, a judge ordered a stop to advertisements that claimed Paxil was

not habit-forming. Numerous lawsuits were initiated asserting that physicians and consumers had been misled regarding the severity of withdrawal, and thousands of reports were submitted to the FDA reporting serious withdrawal issues.

Lane is strongest in these first five chapters, especially when he relies on the following:

- (1) His knowledge of the history of psychiatry,
- (2) The fruits of his investigative work in unearthing the fundamental problem with psychiatric diagnostic labels in the DSM, and
- (3) The literature he accessed on the role of the pharmaceutical industry in this drama. Regarding this literature, it is obvious that Lane relied heavily on the writings of David Healy, the well-versed and prolific neuropsychologist who has long been the pre-eminent “thorn in the side” of the pharmaceutical giants. Lane effectively weaves Healy’s work into his book and, in doing so, echoes much of Healy’s own controversial and well-articulated warning.

Lane’s final two chapters are comparatively weak, making for a disappointing ending to what had up to that point been an impressive book.

In Chapter 6, “A Backlash Forms: Prozac Nation Rebels,” Lane fails to get across what he means by “a backlash” and to support the notion that “Prozac Nation” is, in fact, rebelling. He draws primarily on a body of fictional literature that is not widely enough known to get across a coherent message. For example, writing about the “consequence of a ‘neurochemical reshaping of personhood,’” he draws on the relatively obscure fictional writings of Jonathan Franzen and Will Self as well as the generally unfamiliar cinematic works of Zach Braff to illustrate that shyness, introversion and other common emotions are aspects of human nature and not a medical disease. This diversion is likely attributable to the nature of Lane’s primary academic work that lies not in psychiatric or pharmaceutical territory but rather in the area of literary criticism. While it may be interesting material for another book, it does not contribute to the theme of this book and I would be inclined to skip this chapter.

Unfortunately, the next chapter, the final one, entitled “Fear of Others in an Anxious Age,” reads like a hodge-podge of ideas that too often are poorly, or incompletely, presented. Lane warns of other emotions and behaviours (apathy, compulsive buying, Internet addiction, etc.) that he sees destined to be pathologized and medicated—a reasonable concern given recent history. He talks about a variety of strategies being used to expand the *DSM* and “the pie,” including what he calls “switch and bait,” presumably referring to “bait and switch, the marketing strategy that is applied when the failure of one solution to an identified problem is dealt with by redefining the problem and selling another solution. When he refers to the notion of lowering the threshold so that mild negative emotions are still viewed as symptoms of disease, Lane quotes one Harvard University psychiatrist but makes no mention of the literature on this topic or even of the term “shadow

syndromes” that, when it was coined in the late 1990s, drew enormous public reaction (pro and con) (Ratey & Johnson, 1997). Then he talks about the need to “have more professional sceptics like Satel and Sommers” (p. 202), quoting from their book *One Nation Under Therapy* as if it stands alone as a serious critique penned by a mental health professional. Unfortunately, he seems unaware of a large body of work examining psychiatry (and psychology) as an out-of-control industry, much of it written by equally, if not more, sceptical “professionals” (see, e.g., Caplain, 1997; Dawes, 1994; Dineen, 1996, 2001; Kramer, 1997; Sarnoff, 2001; Smail, 1984). Then Lane appears to enjoy exposing a bizarre plan of the Pharmaceutical Research and Manufacturers of America (PhRMA) involving secretly commissioning “ ‘a thriller novel whose aim was to scare the living day-lights out of folks who might want to buy cheap drugs from Canada’ ” (p. 204). While somewhat off the topic (or, perhaps, just misplaced in the book), these pages make interesting reading and show the depths to which ‘Big PhRMA’ is willing to go. But beyond these pages is only an abrupt ending that includes an ambivalent remark to the effect that the pharma-psychiatry business may win out (or human nature may), a brief discourse on how suffering is part of life and, finally, a one-line reminder of what the book was about.

Despite the weak ending, Lane’s book is worth reading because in the first five chapters, he does such an admirable job of exposing how the psychiatric profession and the pharmaceutical industry together manage to develop and popularized new “mental diseases” and the accompanying treatments apparently designed to increase profits

Since 2007, when *Shyness* was published, shyness has endured as an anxiety-based “treatable” illness and the sale of psychiatric drugs for shyness and an array of other “normal behaviors” remains lucrative. We are 2 years closer to the 2011 release date of the next revision of the *DSM*. Not much has happened to slow the impetus. Almost certainly, *DSM-V* will contain new disorders that reflect how intertwined the profession of psychiatry and the pharmaceutical companies remain.

Shyness: How Normal Behavior Became a Sickness reveals how “the pie is growing,” and why we should care. It is a solid book and one that is likely to remain current for several years, if not decades, to come.

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