

## **INTRODUCTION: BASHFUL NO MORE**

When my mother was six years old, she often pretended she was a horse. Painfully shy, she preferred galloping around on “four” legs to the ordeal of talking to strangers on two. The Germans were bombing London and southern England at the time, a source of terror for many children, and my grandparents—concerned about her safety—heightened her anxiety by sending her off to boarding school. Once there, my mother would cavort outside for hours. When that wasn’t feasible, she withdrew to a practice room and played the piano with quiet intensity.

No one found her especially odd or recommended medication for her quirky behavior. My grandparents shrugged off her equestrian impressions as the charming eccentricity of a girl blessed with a vivid imagination, and waited patiently for her to change. Years later, still playing the piano and still unconventional, she became a renowned music therapist and lecturer at London’s Nordoff-Robins Center for children with learning difficulties.

In my mother’s generation, shy people were seen as introverted and perhaps a bit awkward, but never mentally ill. Adults admired their bashfulness, associating it with bookishness, reserve, and a yen for solitude. But shyness isn’t just shyness any more. It’s a disease. It has a variety of overwrought names, including “social anxiety” and “avoidant personality disorder,” afflictions said to trouble millions (almost one person in five, according to some estimates).<sup>1</sup> And since the early 1990s, when the U.S. Food and Drug Administration agreed that powerful psychotropic drugs were suitable ways of treating these conditions, countless Americans and

Britons have daily swallowed large doses of Paxil, Prozac, Zoloft, and other pills for routine emotions that experts now consider medical conditions.

Unlike my countrymen in Britain, Americans are regarded as the most gregarious people on earth. So when large numbers of them say they find talking to a stranger *terrifying* and claim they would rather die than make a public speech, something dramatic is happening.<sup>2</sup> “It is a part of the American character,” Thomas Jefferson once enthused, “to consider nothing as desperate—to surmount every difficulty by resolution and contrivance.”<sup>3</sup> Nowadays, if we’re to believe preeminent psychiatrists and fabulously profitable drug companies, almost 19 percent of the population is so fearful of others’ judgments, it shuns activities that would risk incurring them.<sup>4</sup> Gone are the days when we could value exuberance *and* shyness, as well as a vast repertoire of similar moods. Today many psychiatrists and doctors assert that those who aren’t sufficiently outgoing may be mentally ill.

One reason for the skyrocketing diagnoses is that doctors and psychiatrists require a very low burden of proof. They say social anxiety runs the gamut from stage fright to paralyzing fears of criticism and embarrassment. (The most common nightmare scenarios are eating alone in restaurants, with fear of hand-trembling a close second, and avoidance of public restrooms third.) Some doctors also include, as symptoms of the disorder, fears of sounding foolish and of being stumped when asked questions in social settings—fears that doubtless afflict almost everyone on the planet.<sup>5</sup> Considering these elastic guidelines, we can grasp quite easily why the “illness” is so widely diagnosed, but it’s harder to say why so many take the diagnosis seriously, much less accept its judgment of mental debility.

The transformation of shyness into a disease occurred behind the closed doors of carefully vetted committee meetings. Over the course of six years, a small group of self-selecting American psychiatrists built a sweeping new consensus: shyness and a host of comparable traits were anxiety and personality disorders. And they stemmed not from psychological conflicts or social tensions, but rather from a chemical imbalance or faulty neurotransmitters in the brain.

Beginning in 1980, with much fanfare and confidence in its revised diagnoses, the American Psychiatric Association added “social phobia,” “avoidant personality disorder,” and several similar conditions to the third edition of its massively expanded *Diagnostic and Statistical Manual of*

*Mental Disorders*. In this five-hundred-page volume, the bible of psychiatrists the world over, the introverted individual morphed into the mildly psychotic person whose symptoms included being aloof, being dull, and simply “being alone.”<sup>6</sup>

The fact that psychiatrists often playfully call this reference manual their bible doesn’t offset the reality that they follow its pronouncements chapter and verse. The influence of the *DSM* also extends far beyond psychiatry, to a vast network of healthcare agencies, social services, medical insurers, courts, prisons, and universities. It took the psychiatrists in question just a few years to update their manual and turn routine emotions into medical conditions, but their discussions—detailed here for the first time—rarely dwelled on the lasting consequences of their momentous decisions. Those expecting deep ruminations on what it means to call half the country mentally ill (the chief conclusion of the latest national survey),<sup>7</sup> may be surprised to learn that the psychiatrists’ fundamental concerns included how best to keep the Freudians out of the room, how to reward the work of allies, and who should get credit for plucking a term out of a dictionary. Tackling a vast array of human experience, the *DSM* drains it of complexity and boils it down to blunt assertions that daily determine the fate of millions of lives, in this country as in many others.

The fourth edition appeared in 1994 with four hundred more pages and dozens of new disorders. It sold over a million copies, in part because insurance companies require a *DSM* diagnosis before they will authorize reimbursement, while defense attorneys cite it as gospel when trying to explain or mitigate the charges against their clients. Until the 1990s, moreover, the *DSM* competed with a rival diagnostic system: the *International Classification of Diseases (ICD)*, published by the World Health Organization in Geneva, is more favorably disposed to psychoanalysis and less reliant on ambiguous narrative. Since the publication of *DSM-IV*, however, the European system has lost some of its cachet. The *DSM* has by contrast assumed global authority, an outcome greatly increasing the importance of its once-local arguments about social anxiety and related disorders. Indeed, with managed care and the pharmaceutical industry, this reference manual has begun to transform how the world thinks about mental health. As one psychoanalyst recently lamented to me, “We used to have a word for sufferers of ADHD. We called them *boys*.”

When so many behaviors are viewed as disorders, is it possible to live a normal life without hitting up against one or more of them? “Where you thought your friends were just having normal troubles,” explain Herb Kutchins and Stuart Kirk, “the developers of the American Psychiatric Association’s diagnostic bible raise the possibility that you are surrounded by the mentally ill. Equally disconcerting to you, you may be among them.”<sup>8</sup> In *Making Us Crazy*, Kutchins and Kirk largely ignored the many hundreds of letters that circulated behind the scenes to document this controversial chapter of psychiatry, doubtless because neither scholar had access to them. The picture looks even more troubling when one reproduces these discussions, as I do further on, and puts them under an uncompromising microscope.

After the DSM task forces had completed their work, the relabeling of our emotions advanced with lightning speed. Anxiety Disorders clinics soon sprang up at universities across the United States, Canada, and Britain to research and treat the problem. A few experts insisted they wanted to treat only “extreme shyness,”<sup>9</sup> but others admitted they couldn’t distinguish between that trait and social anxiety disorder,<sup>10</sup> so they put them on the same hazy continuum. As the coauthors of *Social Anxiety Disorder: A Guide* explain with surprising nonchalance, “Where shyness ends and social anxiety disorder begins isn’t clear. Some social anxiety is expected in everyone.”<sup>11</sup> A generation ago, they might have insisted, “Some *shyness* is expected in everyone.”

Building on this muddle, public relations firms were hired to hype ambiguous data and to raise the profile of the new disorders. And marketing departments spent tens of millions of dollars blurring the lines between social phobia and ordinary shyness so that both would strike us as debilitating conditions.

Wide-eyed health updates in the mass media dutifully reported the canny sound bites and “video news releases” that the drug companies sent them. One of many newspaper articles caught the right tone by warning readers, “You’re Not Shy, You’re Sick.”<sup>12</sup> Even the *Wall Street Journal* succumbed, titling one piece, “Depression Pill May Help Treat the Acutely Shy,” and another, “Easing Stage Fright Could Be as Simple as Swallowing a Pill.” In both cases they meant more the long-term use of

antidepressants like Paxil than the occasional use, before a stressful event, of beta-blockers like Propranolol.<sup>13</sup>

Meanwhile, *Psychology Today* helpfully dubbed the phobia “disorder of the decade,”<sup>14</sup> and estimates of the total U.S. population suffering from it soon swelled from 3.7 percent to as high as 18.7 percent, apparently making it “the third-most-common psychiatry disorder, behind only depressive disorder and alcohol dependence.”<sup>15</sup> Murray Stein, the chief author of a study publishing that range and an aggressive proponent of shyness studies at the University of California, San Diego, became a trusted presence on television and in pharmaceutical brochures, urging Americans to seek treatment for their reticence. Few could know his influential article drew from a single study—a random telephone survey of urban Canadians.

For many psychiatrists and healthcare professionals, shyness is now one facet of a bona fide illness. Allegedly it almost rivals in magnitude depression, for which almost 200 million prescriptions are filled every year in this country alone, and apparently has become a pandemic. Lynne Henderson and Philip Zimbardo, colleagues at Stanford and codirectors of the Shyness Institute in Palo Alto, warn of a “public health danger that appears to be heading toward epidemic proportions.”<sup>16</sup> And psychiatrists on a DSM working group claim that those “presenting complaints may represent the tip of the social phobic iceberg.”<sup>17</sup> They also wonder whether the number of people who loathe giving speeches means that “public speaking phobia should be classified separately from the other Social Phobias.”<sup>18</sup>

Meanwhile celebrities, quietly accepting large fees without needing to mention a drug’s side effects, lament their social awkwardness (ironically, on television and in magazine interviews) and urge everyone who has felt the same to medicate themselves.<sup>19</sup> Talk shows air programs on topics such as “People Who Are Afraid of People” and invite viewers to “imagine a fear so paralyzing that you can’t drive, shop, or even get a haircut.”<sup>20</sup> Bookstores are replete with a staggering array of self-help cures for those “dying of embarrassment” and feeling they might even be “diagonally-parked in a parallel universe.” All these books tout more or less the same remedies: face your fears, visualize competence, set practical goals in modest increments, but also be yourself.<sup>21</sup>

A representative of the National Institute of Mental Health explains that excessive shyness is “one of the worst neglected disorders of our time.”<sup>22</sup> And skeptics are either dismissed or rebuked for putting others’ lives at risk and delaying their relief from a severe psychiatric condition: We’ve scarcely begun to cure this underreported pandemic, they warn, insisting that even more people need to be on Paxil, Zoloft, or a comparable antidepressant. In just eight years (1985–1993), then, shyness ballooned into one of the most common psychiatric diagnoses in the Western world.

How did we get to this point? Were psychiatrists for decades really blind to a crippling illness troubling millions of people? Or did influential psychiatrists, partnering with (and often sponsored by) drug companies, hype a problem still afflicting just a tiny percentage of people in each country? If so, why did both groups depict an ordinary, if difficult, emotional state like shyness as a defect of brain chemistry that had to be treated by drugs? And what other moods and ordinary fears are likely to become major illnesses in the next edition of *DSM*, whose working groups have just begun meeting to discuss the 2011 publication?

In *Shyness: How Normal Behavior Became a Sickness*, I answer these pressing questions. I explain for the first time how social phobia, the most enigmatic and poorly defined anxiety disorder, became *the* psychosocial problem of our age. And I tell this story from several interlocking angles: the DSM task forces that created the disorders; the drug companies that branded them through clever marketing; the fiction and films that satirize both activities before representing our anxieties quite differently; and the larger trends and battles in especially American psychiatry, waged for over a century, to which anxiety is now a much-fought-over cornerstone.

*Shyness* draws on the American Psychiatric Association’s vast archive of unpublished and hitherto unavailable letters, transcripts, and memoranda that were circulated among the leading figures. I also quote previously classified memos circulated among drug company executives; reproduce documents voicing grave concerns about the side effects of drugs that are now household names; and include probing interviews with all the leading psychiatrists in question.

First among these is Robert Spitzer, arguably the most influential psychiatrist in the twentieth century, who chaired the task force that reshaped the entire discipline. In his home by the Hudson River, he described to me

how his colleagues devised new psychiatric problems, and shared some of the strategies he used to thwart his opponents. Other figures include his rival, Isaac Marks, a world-renowned phobia specialist in London who first developed the term “social anxiety,” but now considers much of the literature about it an “advertising ploy”;<sup>23</sup> and David Healy, a leading pharmacologist with close links to SmithKline Beecham and the clinical trials of Paxil, who for years has fought to make us aware of this drug’s sometimes devastating side effects.

Aligned with Spitzer, by contrast, are Michael Liebowitz, a preeminent Columbia University psychiatrist who served on the DSM’s subcommittee on anxiety disorders and did much to promote social phobia’s standing as a “neglected disorder”;<sup>24</sup> his frequent coauthor, Richard Heimberg, director of the Adult Anxiety Clinic at Temple University, whose work in the field began with studies on dating anxiety; and David M. Clark, Chair of Psychiatry at the University of London, who currently advises the Blair government in Britain about social phobia’s best remedies.

The combined effect of all these sources and documents isn’t merely another exposé of the pharmaceutical industry, although details about its clever manipulation of our fears are increasingly becoming major news items. It is, after all, well known that the number of Washington lobbyists employed by our drug companies is far greater than the members of Congress, and that in 2005 antidepressants earned these companies \$12.5 billion from national sales alone.<sup>25</sup>

*Shyness* instead presents the compelling inside story of how several eminent psychiatrists and their pharmaceutical sponsors turned a minor condition into a major illness. Part of this story, however, is that the tide is starting to turn. Many writers, pundits, and recovering patients are tired of the avalanche of drug-related ads in the media, and greet the newly publicized syndromes (including “intermittent explosive disorder,” a euphemism for road rage) with bemusement, skepticism, and scorn. Skits on *Saturday Night Live* routinely deride the claims of big pharma (“If you’re over forty-five and a gay male,” they joke, “you could be suffering from queer-loss. . . . Ask your doctor if Gaystrogen® is right for you”).<sup>26</sup> A growing list of films, novels, and patient support groups is even more scathing, the latter springing up when drug treatments go horribly wrong.

These forces combine to form a powerful backlash against psychiatry

and the pharmaceutical industry. My book not only unites these disparate perspectives, but also launches a deeper investigation into the meaning of shyness and anxiety in earlier times, when neither term implied what it does today. I also consider the philosophical consequences of medicalizing a large number of human emotions. My behind-the-scenes perspective confirms that deep-seated conflicts of interest, buried research data, professional ambition, and fierce marketing campaigns together have grossly exaggerated social phobia and avoidant personality disorder, turning behavior we recently accepted, and even welcomed, into pathologies needing medical treatment.

The unavoidable conclusion is that we've narrowed healthy behavior so dramatically that our quirks and eccentricities—the *normal* emotional range of adolescence and adulthood—have become problems we fear and expect drugs to fix. We are no longer citizens justifiably concerned about our world, who sometimes need to be alone. Our afflictions are chronic anxiety, personality or mood disorders; our solitude is a marker for mild psychosis; our dissent, a symptom of Oppositional Defiant Disorder; our worries, chemical imbalances that drugs must cure.

This conclusion amounts to neither Orwellian paranoia nor an alarmist *Brave New World* scenario whose full effects will unfold generations from now. "Mood brightening" is already pervasive in our culture, driven by endless encouragement to be "up" and "on" around the clock. Performance-enhancing drugs are used in scores of occupations—by athletes, musicians, white-collar workers, and laborers. While voicing concern about the drugs' sometimes worrisome track records, some doctors fear that antidepressants are causing widespread emotional blunting—altering the strength of our attachments, how well we can concentrate, and even how deeply we fall in love.

The sad consequence is a vast, perhaps unrecoverable, loss of emotional range, an impoverishment of human experience. Not so long ago, the reclusive Emily Dickinson could write eloquently about what ensues after great pain ("a formal feeling comes—/ The Nerves sit ceremonious, like Tombs").<sup>27</sup> Nathaniel Hawthorne could transform his reticence into a new way of engaging with the world, which one critic aptly calls a "philosophy of shyness."<sup>28</sup> And Henry David Thoreau could press for solitude by

living in a hut some miles from town. Refusing to accept mail or pay his poll tax, he shunned other people in order to “live deliberately.”<sup>29</sup> These days, Dickinson would be on Prozac; Hawthorne would be on *Oprah*, lamenting his plight as a social phobe; and Thoreau—arraigned before a judge—would receive a DSM diagnosis for citing civil disobedience as the right to follow his conscience. In the nineteenth century, Thoreau, Hawthorne, Dickinson, and countless others gave us the wisdom that ensues from deep reflection. Today, psychiatrists offer us a pill.

To help account for this fundamental shift in thinking, I take anxiety as a test case, showing how psychiatry and its definitions of illness have changed quite radically since the 1970s. I open with a brief history of anxiety and shyness, contrasting modern perspectives with those of ancient Greece, the Renaissance, and the Victorian period. I then recount in two chapters how the DSM-III task force went about creating 112 new disorders, seven of which involve anxiety. While these chapters examine the ensuing wrangles in scrupulous—and, for some participants, possibly excruciating—detail, the second of them (Chapter 3) focuses on the peculiar fate of “introverted personality disorder” as it evolved into “schizoid personality disorder,” a mild form of psychosis.

The story then turns to describing how the drug companies promoted these disorders, spending millions of dollars trying to persuade us that run-of-the-mill behaviors might stem from a chemical imbalance in the brain. As their drug treatments have spawned a litany of side effects, some of them quite dangerous, Chapter 5 explains clearly how the drugs are meant to work and why they often fail. Given the difficulties many patients experience trying to come off these pills, I point to alternative treatments that distinguish chronic anxiety from routine fears. Asking whether “social phobia” and “avoidant personality disorder” may at times represent a type of noncompliance with our culture’s demand for extroversion, I invert the discussion in Chapter 6 and examine four satires that constitute a growing backlash against neuropsychiatry and pharmacology: Jonathan Franzen’s prize-winning novel *The Corrections*, Zach Braff’s film *Garden State*, Alan Lightman’s novel *The Diagnosis*, and Will Self’s novella *Dr. Mukti*. A final chapter sounds some of the broader diagnostic and ethical issues.

In sum, *Shyness: How Normal Behavior Became a Sickness* provides not

only a comprehensive picture of how an ordinary trait became a mental disorder, but also a new and vitally important perspective on anxiety today. Insisting that we're overdiagnosed and overmedicated, it describes in precise detail how psychiatrists, public relations consultants, and drug companies successfully turned shyness, self-consciousness, and even introspection into major psychiatric disorders.