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# Shyness: How Normal Behavior Became A Sickiness



## Synopsis

In the 1970s, a small group of leading psychiatrists met behind closed doors and literally rewrote the book on their profession. Revising and greatly expanding the Diagnostic and Statistical Manual of Mental Disorders (DSM for short), they turned what had been a thin, spiral-bound handbook into a hefty tome. Almost overnight the number of diagnoses exploded. The result was a windfall for the pharmaceutical industry and a massive conflict of interest for psychiatry at large. *Shyness* is the first behind-the-scenes account of what really happened and why. With unprecedented access to the American Psychiatric Association archives and previously classified memos from drug company executives, Christopher Lane unearths the disturbing truth: with little scientific justification and sometimes hilariously improbable rationales, hundreds of conditions--among them shyness--are now defined as psychiatric disorders and considered treatable with drugs. Lane shows how long-standing disagreements within the profession set the stage for these changes, and he assesses who has gained and what's been lost in the process of medicalizing emotions. With dry wit, he demolishes the façade of objective research behind which the revolution in psychiatry has hidden. He finds a profession riddled with backbiting and jockeying, and even more troubling, a profession increasingly beholden to its corporate sponsors.

## Book Information

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## Customer Reviews

Skeptics often assume that the only reason that diagnostic criteria are changed is financial: to line the pockets of the pharmaceutical industry. But there are several other important factors in play.

One has to do with the whole way in which illness is conceptualized and a second has to do with the consequences of inaction. The criteria for treating blood pressure and cholesterol were driven by the realization that even small abnormalities carry significant mortality and morbidity. When we classify an illness, we can either think of it as a "category," like strep throat or a heart attack: an illness that has clearly defined margins. Or we can think about it as a "dimension." So instead of seeing illness as a separate entity, we think of health and illnesses as lying on a spectrum, running all the way from being healthy and well, through mild degrees of just not feeling "right," to being severely ill. Reimbursement requires categorical diagnoses, even if they do not reflect clinical reality. This second - dimensional - way of thinking is particularly useful when we are thinking about psychological issues. The world is full of people who are a little bit obsessive, or who get bad mood swings. But they are not bad enough to be called an "illness:" They are part of human variation. In fact, having some of these traits can be enormously beneficial: they have continued in the population because they have a survival advantage. If I need to have surgery, I sincerely hope that my surgeon will be mildly obsessive, rather than discovering a few weeks later that he had forgotten to do something he should have. The point then becomes one of asking, "Where do we place the bar between variation and illness?"

Somewhat by coincidence I was reading this book while also reading the *The Loss of Sadness: How Psychiatry Transformed Normal Sorrow into Depressive Disorder*. The theme of both books is essentially the same: that modern psychiatry has medicalized otherwise normal conditions. In the *Loss of Sadness*, the authors argue that normal sadness reactions to life's toils and troubles have been redefined as abnormal via the use of symptoms exclusively, without regard to context or proportionality. Similarly, Christopher Lane argues in his book that shyness and its variants have been stigmatized as conditions requiring pharmaceutical care. Lane focuses on the behind the scenes maneuvering during the process of revising psychiatry's bible, the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*. The main protagonist in Lane's drama is Robert Spitzer, a psychiatrist who pretty much bulldozes his vision of psychiatry into the DSM. That vision is one that places psychoanalysis in the background and brings neuropsychiatry, or the primary use of drugs to deal with conditions, into the foreground. The result is the creation and inclusion of Social Phobia and Social Anxiety into the listing of conditions that require medication. The role of the pharmaceutical industry is explored, as it takes full advantage of the identification of this new disease and brings its full force of marketing strategies into play. Lane demonstrates with actual ads how Big Pharma marketed their drugs as solutions to life's routine problems, like being shy or

nervous at a party.

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