

BOOK REVIEW/COMPTE RENDU

Christopher Lane, *Shyness: How Normal Behavior Became a Sickness*. New Haven, CT: Yale University Press, 2007, 263 pp. \$US 27.50 hardcover (978-0-300-12446-0)

In *Shyness: How Normal Behavior Became a Sickness*, literary scholar Christopher Lane seeks to convince us that (North?) Americans are overdiagnosed and overmedicated. Is he successful? For the most part, he is.

Focusing on the evolution of shyness into “social phobia,” an official category in the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders* (DSM), Lane demonstrates that “shyness isn’t just shyness anymore. It’s a disease” (p. 1). He lays the blame for the rampant pathologizing of this and many other everyday human traits squarely at the feet of neuropsychiatry and Big Pharma, active collaborators in the exponential manufacture and classification of mental disease categories for the past several decades.

Lane has an axe to grind especially where Freudian psychoanalysis is concerned, observing not only the exclusion of its experts from the process of revising the DSM, but also of its previously influential framework from the final product. Psychoanalytic conceptions of neurosis and anxiety as “reactions” to one’s environment are conspicuously absent from the DSM-III of 1980 and in later editions — an important exclusion for what the American Psychiatric Association, and specifically bio- or neuropsychiatry, seem to be saying about the relationship between culture and human behaviour. In its neopositivist revival of 19th century principles espoused by the notoriously biologicistic German psychiatrist Emil Kraepelin, Lane is understandably concerned that contemporary psychiatry has increasingly reduced human emotion to neurological dysfunction in need of a pharmaceutical fix, leaving little to no space for what psychoanalysis does best, namely provide a plausible sociocultural explanation for why individuals do and feel the ordinary — now, pathological — things they do.

As one of many antipsychiatry critiques, *Shyness* is not unique in lambasting the APA, the DSM, Big Pharma, and biopsychiatry generally. Many readers will already be familiar with important arguments laying bare the problems of psychiatrization made by key dissenters such as Erving Goffman and Michel Foucault, or the ethics and politics of phar-

maceutical marketing and overmedication by key figures such as David Healy. Where this book stands out, however, is in the data that Lane uses to make his case — evidence confirming once and for all that the emperor really has no clothes. Lane not only manages to gain access to the DSM archives *and* to previously classified drug company memos — two coups by any measure — but he also interviews key players in the DSM saga, including long-time DSM Task Force Chair Robert Spitzer himself. Rightfully the object of much criticism for his manipulative, if not devious, approach to orchestrating the process (*qua* circus) of DSM revision, that Spitzer even agreed to be interviewed by Lane — and with such remarkable openness — left this reader, as a fellow researcher with similar interests, green with envy. The book also stands out from other “outsider” critiques (outsider because Lane is not a psychiatrist or psychologist), due to Lane’s deft weaving together of examples from film and literature to demonstrate a growing cultural backlash against neuropsychiatry and the sneaky practices of Big Pharma.

These qualities make Lane largely successful in what he sets out to do, namely demonstrate by way of the example of shyness or “social phobia” that psychiatry is like a runaway train on a mission to pathologize the most common human tendencies. Where the book falls short, however, is in its propensity to veer into unbalanced polemic. A documented sceptic of the DSM and Big Pharma myself, I am usually all too happy to cheer on these sorts of projects. Yet I could not help but feel that at times there was no option to disagree with Lane’s premises. For example, in positioning himself as a clear ally of psychoanalysis, Lane remains uncritical of Freud’s assumptions. While I certainly value what Freud had to tell us about culture and society, at the end of the day his are just another, competing, set of ideas, which have been subject to much legitimate criticism by feminists and others.

Another element of Lane’s story that nags at me is his assumption that DSM categories precede the development of pharmaceutical products. While no doubt true that in some instances Pharma acts in response to categories emergent out of the DSM (since drug companies generally spend much more on marketing than they do on actual research) it stands to reason that sometimes the processes of drug and category development are symbiotic, if not opportunistic, with drug companies inventing new conditions to suit already existing but rebranded drug formulations that *then* become legitimized through inclusion as categories in the DSM. And then there are accidental drug discoveries, such as Viagra: developed for one purpose — to treat angina — but rebranded and marketed for quite another. Not technically a category for the DSM (though who knows, given its emotional implications it may well be in

the DSM-V slated for release in 2011), erectile dysfunction did *not* enjoy the official status of medical disease category it enjoys today until after Viagra came to town.

Shyness is not a perfect book, but it is compelling and accessible, and it does a very good job of alerting readers new to critiques of Big Pharma and biopsychiatry to the need to be wary of their powerful rhetoric. Lane marshals previously inaccessible evidence to make a convincing argument that as a culture we are suffering from a bad case of medicalization. Of course, as he shows us, the remedy for this isn't drugs but just a good dose of critical thinking. For these reasons I would recommend it for an undergraduate sociology of medicine course.

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