

# 'Social anxiety disorder'

CHICAGO Few children relish the start of a new school year. Most yearn for summer to continue and greet the onset of classes with groans or even dread. But among those who take the longest to adapt and thrive, psychiatrists say, are children trapped in a pathological condition. They are so acutely shy that they are said to suffer "social anxiety disorder" — an affliction of children and adolescents that, the clinicians argue, is spreading.

It may seem baffling that ordinary shyness could assume the dimension of a mental disease. But if a youngster is reserved, the odds are high that a psychiatrist will diagnose social anxiety disorder and recommend treatment.

How much credence should we give the diagnosis? Shyness is so common among American children that 42 percent exhibit it. And, according to one major study, the trait increases with age. By the time they reach college, up to 51 percent of men and 43 percent of women describe themselves as shy or introverted. Among graduate students, half of men and 48 percent of women do. Psychiatrists say that at least one in eight of these people needs medical attention.

But do they? Many parents recognize that shyness varies greatly by situation, and research suggests it can be a benign condition. Just two weeks ago, a study sponsored by Britain's Economic and Social Research Council reported that levels of the stress hormone Cortisol are consistently lower in shy children than in their more extroverted peers. The discovery upends the common wisdom among psychiatrists that shyness causes youngsters extreme stress. Julie Turner-Cobb, the researcher at the University of Bath who led this study, told me the amounts of Cortisol suggest that shyness in children "might not be such a bad thing."

On what, then, do psychiatrists base their sweeping judgments? Most point to The Diagnostic and Statistical Manual of Mental Disorders — the fundamental handbook of psychiatry. Yet a glance at the manual reveals that the diagnostic criteria for shyness are far from clear.

The third edition, which was published in 1980, said that a person could receive a diagnosis of what was then called "social phobia" if he was afraid of eating alone in restaurants, avoided public restrooms or was concerned about hand-trembling when writing checks.

The same guidelines could hardly apply to youngsters heading to kindergarten, children not yet potty-trained and toddlers just learning to eat. So in 1987, the revised third edition of the manual expanded the list of symptoms by adding anticipated concern about saying the wrong thing, a trait known to just about everyone on the planet. The diagnostic bar was set so low that even a

preschooler could trip over it.

Self-help books and magazine articles further widened the definition of social anxiety disorder to include symptoms like test anxiety, aversion to writing on the blackboard and shunning of team sports. These ridiculously loose criteria led to more diagnoses, until social anxiety disorder in children began to look as if it were spreading like the common cold among second graders.

Then, having alerted the masses to their worrisome avoidance of public rest-rooms, the psychiatrists needed a remedy. Right on cue, Glaxo-SmithKline, the maker of Paxil, declared in the late 1990s that its antidepressant could also treat social anxiety

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and, presumably, self-consciousness in restaurants. Nudged along by a public-awareness campaign ("Imagine Being Allergic to People") that cost the drug maker more than \$92 million in one year alone (\$3 million more than Pfizer spent that year promoting Viagra), social anxiety quickly became the third most diagnosed mental illness in the nation, behind only depression and alcoholism. Studies put the total number of children affected at 15 percent — higher than the one in eight who psychiatrists had suggested were shy enough to need medical help.

This diagnosis was frequently irresponsible, and it also had human costs. After being prescribed Paxil or Zoloft for their shyness and public-speaking anxiety, a disturbingly large number of children, studies found, began to contemplate suicide and to suffer a host of other chronic side effects. This class of antidepressants, known as SSRIs, had never been tested on children. Belatedly, the Food and Drug Administration agreed to require a "black box" warning on the drug label, cautioning doctors and parents that the drugs may be linked to suicide risk in young people.

You might think the specter of children on suicide watch from taking remedies for shyness would end any impulse to over-prescribe them. Yet the tendency to use potent drugs to treat run-of-the-mill behaviors persists, and several psychiatrists have already started to challenge the FDA warning on the dubious argument that fewer prescriptions are the reason we're seeing a spike in suicides among teenagers.

The recent book "Nurturing the Shy Child: Practical Help for Raising Confident and Socially Skilled Kids and Teens," insists, "Don't be afraid to try

medication." "When an SSRI is properly prescribed and monitored, medication can be very helpful," say the authors, two psychologists. This book says it is a sign of social anxiety disorder if a child complains about or tries to avoid asking the teacher a question or getting up from his or her desk to sharpen a pencil.

Clearly, there is a need to reconsider the diagnostic standards. A team of mental health experts has recently gathered to oversee a new edition of The Diagnostic and Statistical Manual, and this time they should make sure to carefully distinguish normal — even healthy — shyness from social anxiety disorder. They should also remove shyness from the lists of symptoms of avoidant personality disorder and schizoid personality disorder.

With so much else to worry about, psychiatry would be wise to give up its fixation on a childhood trait as ordinary as shyness.

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