

WOMEN

Shyness and lack of aggression used to be desirable traits, at least in women. Now they're considered dysfunctional. Has science gone too far in creating "optimal" personalities? Patricia Beard reports

When I read about a new personality-altering drug (or a fresh use for a not-so-new drug), I instinctively retreat into Puritanism 101. How much suffering warrants a pill? I ask myself. Are we micromanaging our dispositions to fit fashions in character? And if so, what is the personality du jour for the turn-of-the-century woman?

Well, apparently, *shy* is not on the desirable list. Last year, the FDA approved Paxil, an antidepressant, for treatment of the more than 10 million Americans estimated to suffer from extreme shyness, a.k.a. "social phobia." Paxil's three-page national magazine ads run under a banner headline that reads, "Has social anxiety [circled in red] put your life on hold?" The yes/no questions that follow include: "Does an unreasonable fear of embarrassment cause you to avoid most social interaction?"

Jane Austen and Emily Dickinson would surely have checked the "yes" box. Do we wish they had taken Paxil and been a bit merrier? Certainly not, but doctors, for whom health takes priority over artistic output, may disagree. Michael Liebowitz, MD, professor of clinical psychiatry at Columbia University and director of the Anxiety Disorders Clinic at New York State Psychiatric Institute, whose patients "suffer from extreme social anxiety, where difficulty and discomfort in dealing with people are a real impairment in life," is quite understandably happy to use whatever appropriate medications will help them.

Carol Lindemann, PhD, a clinical psychologist who founded the New York Psychological Center in 1970 (a decade before the term *anxiety disorder* was coined), says, "I see so much real suffering [among people with social phobias], it's hard for me to think that this is just a cultural phenomenon." That's surely true, but it is also entirely possible that a substantial number of those now taking mood-altering prescription drugs were no more miserable than the human condition suggests is nor-

mal. Misery *has* company, which is why there's a class of music called "the blues."

We have begun to treat those who are marginally uncomfortable, in part because we can, and also because drug companies do not make money from leaving not-quite-well-enough alone. Doctors can identify psychological conditions more precisely, chemists can target them, and pharmaceutical companies profit from the treatment. But perhaps we are also medicating mild depression, anxiety, and social phobia in response to a shift in ideas about the nature of women, and about the personality qualities that are not just in style but are most functional for the way we live now.

Dr. Liebowitz notes that, as more women work, "there's a greater premium on assertiveness, it's harder to be shy and subordinate, and there is more and more pressure to be functional and 'out there.' It is more difficult to lead a sheltered existence." Jerilyn Ross, director of the Ross Center for Anxiety and Related Disorders, in Washington, DC, and president of the Anxiety Disorders Association of America, makes a similar observation when she reports that she used to treat many more men than women twenty years ago, "because men were the ones who had to be 'out there.'" Now her caseload is balanced with about an equal number of patients of both genders.

Violets who shrink don't flourish in most office environments. As Ross comments, "In Victorian novels, 'she blushed every time she spoke,' was a feminine trait. Now, for women in the workforce, blushing is like showing your hand at poker." Add coolness and emotional control to assertiveness as weapons in the modern woman's personality arsenal.

Or consider "the vapors," our great-grandmothers' catch-all phrase for feminine fainting fits (which in some cases may have masked a much more serious panic disorder). The "weaker >

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