High Anxieties: The Social Construction of Anxiety Disorders

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Anxiety has always been part of the human condition, with accounts of its various manifestations, including acute shyness and stage fright, dating back to classical antiquity. Nonetheless, since the end of the Second World War, reported levels of anxiety have risen alarmingly. At the beginning of the 21st century, anxiety disorders constitute the most prevalent mental health problem around the globe, afflicting millions of people. What social factors account for this stunning development in the mental health field during the past half century? Some observers target the ever increasing pace and demands of modern life. Nonetheless, a larger body of evidence suggests that the prevalence of anxiety is due less to these pressures themselves than to a prevailing social ethos that teaches people that anxiety-related symptoms are a socially and medically legitimate response to life in the modern age.


Highlights

- The influence of third-party reimbursement on the history of psychiatric diagnosis has been significant.
- Social and cultural trends have altered the history of psychiatric diagnosis.
- The power of the pharmaceutical industry has shaped the classification of mental illnesses.

Key Words: anxiety, anxiety disorders, DSM, social anxiety disorder, posttraumatic stress disorder, self-help and recovery movement

At first glance, Gail Andrews, a middle-aged Torontonian, had it all: she was trilingual, well-read, a long-distance cyclist, and an accomplished musician. As of 2008, she had a great job as a senior executive at a major accounting firm. Other companies tried to recruit her as a partner. Nonetheless, in Gail’s own words, she was an “imposter,” a “fraud,” living in dread of social scrutiny.

Similar to 3 million other Canadians in the early 21st century, Gail suffers from SAD, also called crippling shyness. Although by all measures she was a professional success, nearly all the situations that triggered her anxiety were work-related: leading workshops, giving presentations, doing power lunches, even taking phone calls. Her fear of social performance left her “never able to relax.” As she told a reporter in 2008, “If you really knew me, you wouldn’t like me . . . at all.”

SAD is not just a Canadian issue, but a global concern. Gail is one of millions of people around the world wracked by anxiety about social interactions, what the drug industry aptly calls being allergic to people. Defined as a feeling of apprehension or fear accompanied by a range of physical symptoms including sweating, dizziness, fainting, nausea, or heart palpitations, anxiety afflicted almost 20 million adult Americans by the early 21st century. In 2001, the National Institute of Mental Health declared anxiety the most common mental health problem in the United States. In 2002, the World Mental Health Survey reported that anxiety was the most prevalent mental health problem around the globe, a plague that showed few signs of abating any time soon.

SAD is just one of several disorders included under the broader rubric of anxiety disorders, a category that includes SAD (or social phobia), GAD, OCD, PD, specific phobias, and PTSD. The most recent turning point in the history of the
anxiety diagnosis was 1980, when the American Psychiatric Association issued DSM-III. Sometimes called the bible of psychiatry, but more often simply a dictionary of diagnoses, DSM-III separated depression and anxiety and sub-divided anxiety into SAD, GAD, PD, and so on. Researchers maintain that OCD and SAD are equally common in both sexes, but women are more likely than men to suffer from GAD, PD, PTSD, and specific phobias.

Though the rate of anxiety disorders varies from one country and culture to another, reported anxiety levels have been mounting ominously in successive birth cohorts since the end of the Second World War. What social factors account for this stunning development in the mental health field during the last century? How has the evolution of trends outside medical science shaped patients’ presentations of anxiety? In her chatty A Brief History of Anxiety (Yours and Mine), Canadian journalist Patricia Pearson, writing about her own battle with SAD, argues that the widespread symptoms of anxiety at the end of the 20th century are due to a culture that celebrates fierce, winner-take-all competition, notably on college campuses, in the information industries, and throughout the corporate business world. According to Pearson, the message that there is “no shame in shamelessness” puts a premium on grabbing all the attention we can, thereby triggering acute fears of failure in countless people who temperamentally find it difficult to emulate the Donald Trumps of the world. Living within a culture that privileges “hucksterism,” Pearson maintains, systemically breeds intense anxiety.

Pearson is onto something about the self-promotional state of modern culture. The values espoused by television shows such as Survivor and American Idol undoubtedly make many people edgy. The fast pace of modern life and its premium on multitasking are other reasons people feel they are at their wits’ end. However, I shall argue that there are other, more powerful social trends that account for the high levels of reported anxiety, notably the self-help and recovery movements. If more people were feeling anxious at the dawn of the millennium, it was chiefly because the prevailing ethos of society tended to validate victimization and powerlessness rather than vanity, self-promotion, or cutthroat assertiveness. When people today experience the emotional and physical symptoms of anxiety, they undergo a “flight into illness” similar to what late 19th-century people experienced when they suffered from what neurologists of the day called “neuroasthenia” or “the American nervousness.” Anxiety is so prevalent in the early 21st century, not because it is an unwanted by-product of an unprecedentedly nerve-racking world but because society’s chief institutions (education, government, medicine, corporations, and the media) teach people that anxiety is an acceptable emotional response to the modern age. In other words, owing to a revolutionary shift in history, the symptoms of anxiety have become both “socially and medically correct.”

History

With all the public concern about the skyrocketing incidence of anxiety in the early 21st century, it is easily forgotten that the condition has always been with us. In the words of St Thomas More in 1525, only Jesus Christ Himself was said to die “without grudge, without anxiety [sic].” The poet John Keats called it “wakeful anguish.” Reports of anxiety, including acute shyness and stage fright, stretch back to classical antiquity, but before the 19th century, the majority view was that most social anxiety was normal and even an asset in some situations that called for vigilance. In cultures that prized bashfulness as a mark of modesty, shyness was widely praised in women and young men. The first cracks in this consensus appeared in the late 19th century, when physicians began describing patients who complained that in certain social situations—for example, open or closed spaces, speech-making, workplaces—they had trouble breathing, their hearts started pounding, their pulses raced, their palms sweated, their limbs tingled, their heads ached, and their stomachs felt as if butterflies were swarming inside. At least one historian has noted that the first significant signs of clinical anxiety coincided with the “age of progress,” a time when many of the old dangers that had threatened humanity for centuries—starvation, epidemic disease, and high rates of infant mortality—began to abate in severity, leaving people to fret about less immediate worries. In other words, the healthier people became, the more they worried about their personal health.

In the early 20th century, Sigmund Freud argued that anxiety was a neurotic reaction to the underlying psychological factor of “unconsummated [libidinal] excitation.” Freudian theory stated that the symptoms of anxiety were secondary to

**Abbreviations used in this article**

- AIDS: acquired immune deficiency syndrome
- BDD: body dysmorphic disorder
- DSM: Diagnostic and Statistical Manual of Mental Disorders
- ETS: endoscopic thoracic sympathectomy
- GAD: generalized anxiety disorder
- OCD: obsessive–compulsive disorder
- PD: panic disorder
- PTSD: posttraumatic stress disorder
- SAD: social anxiety disorder
- SHRM: self-help and recovery movement
prefer using the term to describe the external factors that of physiological adaptation "stress," but people seemed to responded to environmental stimuli. He dubbed this process gist Hans Selye. As an endocrinologist at McGill University An Age of Anxiety

Anxiety, similar to stress, became a commonplace term during the second half of the 20th century. In 1950, American composer Leonard Bernstein named his Second Symphony after WH Auden’s 1947 Pulitzer Prize–winning poem “The Age of Anxiety.” Media coverage of the build-up of nuclear weapons, the energy crises of the 1970s, the outbreak of AIDS in the 1980s, the horrors of Bosnia and Rwanda in the 1990s, and the threat of climate change and global warming convinced millions that they lived in a world of grim uncertainty, diminishing natural resources, deadly ethnic violence, runaway killer diseases, and imminent environmental catastrophe.

Then came the terrorist attacks on the World Trade Center and the Pentagon on September 11, 2001. Polls after 9/11 reported that stress and fear levels rose in numerous countries, notably the United States, Canada, and the United Kingdom. Americans told pollsters that after 9/11 they were more suspicious of people around them and uncomfortable in public places. Train travellers on London’s subway were much more vigilant than ever after the terrorist bombings of 2005. In 2006, 1 in 3 people in the United Kingdom said they harboured suspicious fears about other people. The overwhelming consensus among psychologists was that the suspiciousness bred by terrorism caused acute distress.

Conspiracism

Worries about terrorism exacerbated conspiratorial thinking as the new century dawned. Already noticeable before 9/11, the paranoid intellectual temper of inveterate mistrust, reductive suspicion, and heroic irony has spread even further since the airliners crashed into the Pentagon and the twin towers of the World Trade Center. The modern-day person with paranoia insists that nothing is what it seems, nothing should be accepted at face value, and one should always read between the lines. Prior to 9/11, commentators had noted the upsurge in what Pipes has called “conspiracism,” the visceral readiness to believe that all history can be reduced to clandestine plotting on the part of powerful people or organizations. Conspiracism seemingly motivated the militiamen who, in 1995, bombed the federal building in Oklahoma City. Many African Americans believe that the Central Intelligence Agency practiced genocide by purposely introducing crack cocaine and the AIDS virus into inner-city neighbourhoods. After 9/11, millions, both within and outside society’s elites, were convinced that the attacks were the work of either the Bush White House or Israel’s Mossad intelligence agency.
The taste for unmasking conspiratorial agendas is also spread
by movies and the Internet. Oliver Stone’s overwrought film
JFK insists that there was a plot implicating the highest
reaches of the US government to assassinate President John F
Kennedy in 1963. Next to fear, paranoia may be the most com-
municable mentality, and it has plenty of opportunities to
proliferate in cyberspace where customary boundaries
between people and things vanish, leaving people feeling
insure and anxious. The news media also deserve some of
the blame for propagating a culture of fear that incessantly
reminds the population of its vulnerability and victimiza-
tion. Television, radio, newspapers, and websites serve up a
steady diet of stories about natural disasters, random violent
crimes, drug-resistant killer bugs, and negligent government
agencies. The point is not that these stories are imaginary
(though some are), but that in the multichannel universe they
are told repeatedly to an audience who seem inverterately inca-
able of shutting their eyes and ears.

Another important difference in recent years is that political
paranoia has migrated from the fringes of society to the edu-
cated elites. In 1998, when then First Lady Hillary Rodham
Clinton blamed a “vast right-wing conspiracy” for her
husband’s difficulties as president, she demonstrated how
conspiracism had become both mainstream and accept-
able. When occupants of the White House use conspiracist
terminology, it is understandable how paranoid fears flourish
in the modern-day global village, fanning anxiety to unprece-
dented levels.

Mood Medicine

If levels of anxiety were on the rise, developments in
psychopharmacology were another key reason. The great
fandare surrounding the introduction of the tranquilizers in the
1950s and 1960s made it appear to anxious people that relief
was just a prescription away. Called “happiness pills” and
“emotional aspirin,” tranquilizers showed that anxiety was
“as amenable to control as other illnesses.” Physicians’ overprescription of tranquilizers, often driven by
pressure from the pharmaceutical industry’s so-called detail
men, also helped to stimulate consumption of the benzodiazepines. The mounting publicity—both good and
bad—surrounding the minor tranquilizers had concrete con-
sequences. In 1980, DSM-III said goodbye to the theory that
anxiety-related panic and social phobia were simply neurotic
symptoms and defined them instead as official, full-fledged
psychiatric diagnoses.

By the 1980s, society’s honeymoon with tranquilizers was
ending, as critics increasingly warned about rising rates of
addiction. But society’s marriage to “mood medicine” was still intact. Indeed, just as the authors were putting their
finishing touches to DSM-III, the Upjohn Company was pre-
paring to market the new benzodiazepine alprazolam (Xanax)
as a drug for PD. By the 1990s, it was one of the hottest
psychiatric drugs around. To people who sincerely believed
in Xanax’s virtues for relieving PD, it was a godsend. How-
ever, to insiders, PD was “the Upjohn illness.” Again, the
pharmaceutical industry had impacted psychiatric diag-
nosis, transforming PD almost overnight into one of the most
recognized mental illnesses of the day. Drug companies have
bolstered the notion that each anxiety diagnosis is a biological
reality by introducing new medications, such as the sero-
tonin reuptake inhibitor sertraline for PTSD. “As often happens in medicine,” psychiatrist David Healy has written,
“the availability of a treatment leads to an increase in recogni-
tion of the disorder that might benefit from that treatment.”
To psychopharmacologist Thomas Ban, the use of “newer and newer drugs” as the 20th century drew to a close “artificially created [diagnostic] entities.” For example, people who question the diagnostic
firewall between anxiety and depression find themselves swimming upstream against the powerful current of the
pharmaceutical companies.

Drug therapy is not the only form of treatment that sustains
the anxiety diagnoses. BDD patients often resort to surgery
or dermatological help to allay their anxiety over their imag-
ned bodily defects. Some people with social phobia also opt
for surgery when they feel publicly humiliated over chronic
facial blushing. In 2001, a Toronto doctor revealed that one
of his patients (known as Nicole) was a teacher who in an
effort to conceal her blushing conducted all her classes using
an overhead projector with the lights off. An administrative
assistant aged 31 years who frequently turned beet red in
social situations, Nicole confessed “I get really uncomfort-
able because . . . I’m thinking they’re probably wondering
‘Why is she doing that?’” After trying antidepressants, tran-
quillizers, and hypnosis, Nicole opted for an ETS by clipping,
which, by destroying certain portions of the sympathetic
nerve trunk, inhibits blushing. Nicole was gratified that the
surgery seemed to prove that she had a real illness with a
bona fide medical name. No less important was the fact that
ETS is covered by medical insurance in Canada.

Thus the politics of reimbursement share responsibility for
popularizing anxiety disorders. The development of new
drugs influences the official recognition of psychiatric dis-
ease categories because patients have a better chance at
third-party reimbursement for pharmaceutical treatment,
especially in contrast to long-term and intensive psychother-
apy. Evidence that drug treatment affects mood indicates that
the emotional condition in question is biological, and hence a
valid and serious illness that in turn qualifies patients for
reimbursement for treatment. Both patients and clinicians
benefit from a DSM diagnosis; little wonder that a DSM diag-
nosis has been sardonically called an “insurance claim.”

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Milking the System

PTSD stands out as an anxiety-related diagnosis whose acceptance has been smoothed by third-party disability benefits, in this case the US Department of Veterans Affairs compensation program for war veterans. The symptoms of PTSD, a condition characterized by the emotionally painful re-experiencing of a horrific event, include nightmares, flashbacks, irritability, severe anxiety, and crippling phobias. In 1980, PTSD became an official psychiatric diagnosis, but belief in the pathologically emotional impacts of traumatic experiences had been building since the late 19th century. Treatment of veterans from the First and Second World Wars bolstered the notion that modern warfare produced high rates of nervous disorders. However, the real impetus behind the PTSD diagnosis occurred when its advocates aggressively and successfully lobbied for its inclusion in DSM-III's section on anxiety disorders.26, p 107-116 In 1982, the Journal of Nervous and Mental Diseases estimated that 500,000 to 700,000 veterans suffered from PTSD out of the 3 million who served in the Vietnam theatre of war. A 1990 government study claimed that one-half of all veterans were PTSD victims, even though only 15% actually served in combat units.27, p 151-152

Skeptics of PTSD alleged that the chief advocates of the diagnosis were "self-serving psychologists and psychiatrists"26, p 113 who opposed the Vietnam War and wanted to milk Veterans Affairs. Proponents of the PTSD diagnosis also included the Vietnam Veterans Against the War, "the most visible and activist symbol of the antiwar movement."26, p 113 In the short term, the PTSD diagnosis enabled veterans to attach meaning to their Vietnam experience and helped to boost their self-esteem when the trials and tribulations of adjusting to peace time proved highly stressful. Nonetheless, the theory that traumatic events caused emotional illness swiftly spread beyond the community of Vietnam veterans to groups within the women's movement who saw PTSD as a handy diagnosis to apply to victims of rape, domestic violence, child abuse, and sexual assault. Harvard Medical School professor Judith Lewis Herman wrote in 1992 that "not until the women's liberation movement of the 1970s was it recognized that the most common post-traumatic disorders are those not of men in war but of women in civilian life."28, p 144 Soon, many therapists sympathetic to Herman's theory were equating a husband's harsh language with the terrors and hardships of frontline combat in the jungles of Southeast Asia.

Meanwhile, the number of veterans receiving disability cheques for PTSD increased by 80%, from 120,000 in 1999 to 216,000 in 2004. That increase alone amounted to an additional $2.6 billion in benefits.29 In 2003, people who qualified for the diagnosis were entitled to as much as $2100 per month, tax-free.27, p 161 In the final analysis, the US government discovered what the British learned in the wake of the First World War: reimbursement policies can heavily shape the destiny of a specific psychiatric diagnosis.30

Victimization

The standard interpretation of PTSD was that its sufferers were victims twice over: first at the hands of the original perpetrators and then at the hands of an indifferent society that supposedly disregarded patients' pain.26, p 147 Thus PTSD was an excellent example of how anxiety disorders dovetailed with the emergence of SHRM and its heavy emphasis on victimization. This movement stretched back to the early 20th century, the heyday of mental healing.32, p 225-247 Books such as Dale Carnegie's How to Win Friends and Influence People (1937) and Norman Vincent Peale's The Power of Positive Thinking (1952) continued the tradition of self-help, but the dam broke in 1967 with Thomas A. Harris's smash I'm OK—You're OK. In no time, authors of similar books became virtual gurus themselves, notably Doctor Phil McGraw, Tony Robbins, Deepak Chopra, and Robert Fulghum. Daytime television programs with millions of viewers, including The Oprah Winfrey Show and The Phil Donahue Show, provided forums for these self-appointed experts to spread their teachings. Mainstream magazines such as Redbook and Ladies' Home Journal joined the movement, running countless stories on how to improve the quality of one's emotional life. In 2003 alone, between 3500 and 4000 new self-help books were published.32, p 8 In the words of one critic in 2005, the SHRM doctrine has "pervaded our culture—from our schools to our offices to our homes and even to our hospitals."32, p 39

The main themes of SHRM were vulnerability, powerlessness, victimization, and authenticity. Though the proponents of SHRM differed on a range of issues, they tended to preach that almost everyone lived in a hostile world, filled with, for example, multiple addictions, menacing relatives and neighbours, mendacious governments, wicked corporations, and fanatical terrorists. In such a world, SHRM advocates argued, there were untold millions who paid a steep emotional price trying merely to survive. The SHRM industry, comprised of countless therapists, counsellors, workshoppers, and social scientists, claimed to be able to help millions of people to recognize that their psychological and physical symptoms were not their fault; their ailments were caused by traumatic, abusive events from the past, they deserved better emotional health, and they could enjoy a much higher sense of self-esteem and self-worth. Joseph Jennings,32 a former gang leader and drug addict-turned-motivational speaker, told his inner-city audiences that with his help "you can be anything you want."32, p 34 However, if they ultimately failed to shake their pathology, Jennings blamed "the legacy of slavery,"32, p 34 not them.

At one time, unhappy North Americans would have been told to stop blaming others for their misery and get on with their
lives. By contrast, the SHRM message is consoling: if you feel sick, there are medical labels that not only explain your symptoms but also valorize them. For example, if you sweat profusely, your head spins, your stomach churns, and your heart races when you get ready to deliver a speech, you not only suffer from a bona fide medical condition, you need only seek professional help. In other words, SHRM made it acceptable for highly stressed people to adopt certain sick roles rather than use their willpower to overcome their symptoms, as countless human beings had previously done for generations. This trend has been particularly evident in English-speaking North Americans, and has had grave consequences for the history of the stereotypical American character. Where once self-reliance and mental toughness were highly prized, the adoption of emotional sickness—characterized by high levels of anxiety—has become a kind of badge of personal honour for numerous North Americans in the early 21st century.

Cultural Scripting

The cumulative impact of SHRM, the pharmaceutical revolution, and the culture of victimization is that the anxiety diagnosis has normalized fear. Repeatedly, physicians and other health care providers tell patients that their anxiety is nothing to be ashamed of, that it is medically normal to be anxious. Presenting symptoms of anxiety does not mean you are going crazy or that there is anything wrong with you, as patients are told. Typically people hate to hear from their doctor that their symptoms are imaginary or “all in their head.” In a pattern all too familiar to clinicians, many patients have come to “cherish their diagnosis” of anxiety disorder. If I’m not sick, I’ve got nothing, uttered one 1990s’ young American woman too fatigued to leave her bed.

Equally crucial in the anxiety diagnosis is how it enables people to interpret or define their bodily symptoms as illness. This is a marked change from the earlier Freudian era when one’s physical symptoms (for example, headaches and facial blushing) were less important than the family psychodynamics that allegedly lay at the root of the condition. Currently, SAD sufferers are taught to pay close attention to their bodily sensations. This notion that biology underlies one’s condition “entitles the person to the exemptions inherent in the sick role,” such as freedom from judgmentalism. Thus a process of cultural scripting, in Furedi’s words, has gained widespread traction. A cultural script provides people with socially approved rules about what feelings mean. People who feel the aches, pains, and up-and-down emotions of everyday life soon learn that these symptoms have a medical name, which makes them all the more sensitive to their bodily sensations. This heightened sensitivity then convinces them that they are indeed sick and entitled to a state of chronic invalidism.

Gender

However, the broad acceptance of the anxiety diagnosis also derives from a major change in the social history of women. The personal example of Gail Andrews and women’s greater risk for trauma, and even when the trauma is the same. Physicians’ reports of female psychosomatic illnesses throughout history are simply too numerous to be dismissed as the misogyny of male doctors. Biology dovetails with social pressures. Governments, the media, Hollywood, social scientists, and lobbyists for...
women’s issues have tended to loudly applaud the mounting success of highly educated women such as Gail Andrews in the corporate world. Women have been told they can have it all, that they can balance family and professional career, when everyday life shows how hard it is for men to cope with one. The message that gender is no obstacle to women’s professional success sometimes founders on the shoals of real life, as mirrored in the data that say more women than men seek medical relief for their anxiety-related emotional and physical symptoms. In GAD, the sex ratio is roughly 2 to 1 (women to men). The stark contrast between the ideal of the high-performing career supermom and the many inevitable frustrations at home and in the workplace is likely a persistent source of emotional distress for the countless North American women who have entered the academic, corporate, entertainment, and government worlds in recent years. And just as late 19th-century women adopted the lifestyle behaviours of invalidism, so the stressed-out, 21st-century working woman flees into anxiety sanctioned by the wider cultural milieu.

Thus, by the early 21st century, a perfect storm of social, medical, and biological circumstances had converged to produce an upsurge in anxiety. The overall environment of modern-day life—an “interplay of scientific theory and cultural values”—bestows a kind of legitimacy on the pool of anxiety-related symptoms. The contents of this symptom pool are in a virtually perpetual state of negotiation among various stakeholders, opinion-makers, and vested interest groups who try to bend and shape the evolution of psychiatric diagnoses in response to the twists and turns of history. The result is that, over time, some diagnoses rise and others fall owing to factors that frequently defy the best evidence. In short, a combination of historical factors has materialized to create a trend that is bound to mystify future historians when they try to make sense of our own colourful but troubled epoch.

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**References**


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Résumé : Les anxiétés élevées : la construction sociale des troubles anxieux
L’anxiété a toujours fait partie de la condition humaine, et les récits de ses manifestations variées, dont la timidité aiguë et le trac, remontent à l’antiquité classique. Néanmoins, depuis la fin de la Deuxième Guerre mondiale, les niveaux d’anxiété déclarés ont connu une hausse alarmante. En ce début du 21e siècle, les troubles anxieux constituent le problème de santé mentale le plus prévalent sur la planète, affligeant des millions de gens. À quels facteurs sociaux est attribuable ce développement marquant du domaine de la santé mentale au cours du dernier demi-siècle? Des observateurs accusent le rythme sans cesse croissant et les exigences de la vie moderne. Toutefois, un ensemble plus vaste de données probantes suggèrent que la prévalence de l’anxiété est moins attribuable aux pressions elles-mêmes qu’à l’ethos social prédominant qui enseigne aux gens que les symptômes liés à l’anxiété sont une réaction socialement et médicalement légitime à la vie des temps modernes.