

Book Reviews/Comptes rendus

SHELLY Z. REUTER, *Narrating Social Order: Agoraphobia and the Politics of Classification*. Toronto: University of Toronto Press, 2007, 188 p. + index.

In *Narrating Social Order: Agoraphobia and the Politics of Classification*, Shelly Reuter undertakes a historical examination of the psychiatric literature on agoraphobia with the aim of exposing the sociality of naturalized discourses. Medical neo-positivism, she claims, has obscured the social dimension of disease concepts. Her empirical work demonstrates that agoraphobia has a multiplicity of ontologies, connected in part to its variable representation in psychiatric literature and its inconsistent deployment as a disease concept. Reuter's thesis is competently argued. The book may be of wider interest than one might initially assume.

Given Reuter's task, offering a definition of agoraphobia for the purposes of this review is difficult. While it is presumed to be problematic, one definition comes from Taber's *Cyclopedic Medical Dictionary* (17th ed., 1993). This definition opens Reuter's book.

Agoraphobia (Gr. agora, marketplace + phobos, fear): overwhelming symptoms of anxiety, often leading to a panic attack. This may occur in a variety of everyday situations ... in which a person might have an attack and be unable to escape or get help, or suffer embarrassment. Panic attack symptoms often include rapid heartbeat, chest pain, difficulty breathing, gastrointestinal distress, faintness, dizziness, weakness, sweating, fear of loss of control or going crazy, dying or impending doom... (3).

Reuter acknowledges that critical questions about historical sociology (or "how to do sociology and history together") are central to the project. As might be expected, the empirical foundation is significantly influenced by Foucaultian genealogy. Her dialogue with Foucaultian concepts is clearly revisionist, however. While being critically engaged with the weaknesses of the approach, she contrasts it with insights from performativity and dramaturgical analysis. The lengthy consideration of Judith Butler's performativity confronts the Foucaultian notion of a passive subject-object, which Reuter challenges. This plurality is sensitively crafted, demonstrating sophistication with complex (and profound) theoretical work.

Reuter emphasizes the value of “discipline specific” knowledge. It is curious, therefore, that her two primary theoretical informants were trained in philosophy, not sociology. Certainly Foucault and Butler have secured their places in social theory, and Reuter privileges a sociological reading of their work. However, she does not explicitly reference sociologists who have made important contributions to the theoretical frameworks she draws on. Candace West and Don Zimmerman (see “Doing Gender,” *Gender & Society*, 1987), for example, immediately come to mind. While some readers may find this more troublesome than others, her emphasis on empirically informed sociological theory should not be overlooked.

The image of agoraphobia that emerges in Reuter’s work is one of “complex interaction with a multiplicity of historical processes” (13). Accordingly, the neo-positivistic notion of a politically neutral and “culturally” removed psychiatry is entirely rejected. Medical and psychiatric knowledge exist within, and participate in the construction of, culturally situated frameworks of knowledge. Reuter’s demonstration of this thesis emerges in five parts.

Reuter’s first task is relatively uncomplicated. She presents agoraphobia, and psychiatric classification more generally, as distinctly modern phenomena. Discourse about agoraphobia emerges in the late nineteenth century as medicine (undergoing processes of professionalization) confronts the psychological significance of early industrial capitalism and rapid urbanization.

Generally, one concern of classical social theorists was the impact of modernization on the individual psyche. Reuter specifically addresses rapid spatial reorganization propelled by (“primitive”) capital accumulation. She briefly reviews some of the foundational insights of classical social theorists. She begins with the Marxian theory of alienation, moving into Durkheim’s anomie, Weber’s rationalization and the iron cage of bureaucracy, Tönnies “*gesellschaft*” and “*gemeinschaft*,” and Simmel’s work on mental problems in modernity. She concludes with the work of Walter Benjamin on urban consciousness. Her examination of these theorists is brief, but perhaps appropriately so. It successfully establishes the longstanding concern and legitimacy of her topic while prefacing her next task (a thorough survey of biopsychiatric, psychoanalytic and behaviorist accounts of agoraphobia).

Reuter’s historical survey of psychiatric literature is sensitive to the attempts of biopsychiatrists, psychoanalysts and behaviorists to advance their specific conceptual discourses over those of contesting models. Her examination of the historically shifting dominance and marginalization of psychiatric discourses demonstrates the variability of the agoraphobia disease concept while emphasizing the importance of power relations in knowledge production. Her account of the marginalization of psychoanalysis is key. Its decline, triumphed by neo-positivists, signaled the perceived illegitimacy of sociality as a variable. In psychiatry, psychoanalysis represented the ground where social explanations could

compete for a voice. Reuter's aim, then, is to emphasize contested knowledge claims by uncovering historical formations and power relations concealed by naturalizing discourses.

Following this, Reuter turns her attention to the "prerogative of being normal." Here, she addresses the gendered, racialized and class based dimensions of agoraphobia literature. Her review reveals the (masculine) gendering and subsequent (feminine) regendering of the disease concept. Both gendered frameworks, and the transition between them, reflect shifting normative imperatives. Psychiatry's embedded assumptions about "normal gender behavior" structurally predetermine who is a candidate for diagnosis. For example, Reuter notes that the pervasive assumption of domesticity for bourgeois women in the late nineteenth and twentieth centuries eliminated them as candidates for agoraphobia, as their domesticity was perceived as normal, healthy femininity. Unaccompanied women in the streets were perceived as moral deviants (76). Similarly, males who failed to meet the imperative of "stiff lipped" masculinity were candidates for pathology (78-79).

Whiteness is one unmarked category in the psychiatric literature about agoraphobia. Reuter draws attention to psychiatry's historically observable concern with the "evolutionary status of 'races'" (86). Early twentieth century psychiatry assumed that white people could be ill with agoraphobia, while all others were merely demonstrating their "characteristic racial difference" (88). In their presumed civility, white middle class people were the primary candidates for "normalcy" or "pathology." Reuter problematizes the untenable concept of biological "race" as a medical variable.

Next, Reuter addresses the emerging dominance of neo-positivism and the marginalization of biopsychosocial explanation (represented by Freudian psychoanalysis). Providing empirical support for the claim, Reuter comparatively analyzes relevant sections of each generation of the Diagnostic and Statistical Manual of Mental Disorders (DSM). Sections that feature prominently in the discussion are reproduced at length. She notes that the marginalization of psychoanalytic theory purged sociality as a theoretical variable, resulting in an uncritical, static "checklist" for agoraphobia. The historical roots of this "checklist" approach to medicine and psychiatry, or "carving up," signaled the formation of what Foucault referred to as the subject-object in *The Birth of the Clinic*. Reuter then considers the partnership between the pharmaceutical industry and neo-positivist behaviorism.

Reuter exposes psychiatry's embedded partnership with conservative Parsonian functionalism. The DSM, Reuter claims, is implicitly moralizing. Like Parsonian functionalism, there are embedded assumptions about how one "should live if society is to operate smoothly." Her statement is backed up with textual reproduction from the DSM (149). One becomes pathological by transgressing normative assumptions in the DSM. Every entry, Reuter claims, "is merely a hypothesis about how the

individual is expected to – should – act when she or he is mentally ill...” (159).

In the final and most provocative section, Reuter takes up a rigorous theoretical appraisal of the preceding empirical work. Drawing on Foucault and Butler, she attempts to resolve theoretical tensions regarding the construction of the subject-object under the psychiatric gaze and the performative embodiment of agoraphobia. She begins with Foucault’s description of the “carved up” subject-object. No longer are medical authorities concerned with the health of a whole patient, but rather with identifying signs that distinguish between various diseases. One becomes the subject of disease and an object of the psychiatric gaze. After establishing the utility of his work, she critiques Foucault’s tendency to treat the body as “docile and monolithic.”

Motivated by this basic criticism, Reuter eases performative insights into a Foucaultian framework, suggesting that the pathological body is enacted in dialogue with unstable material and discursive processes. Indeed, for Reuter, a central shortcoming of social theory is the common assumption that the discursive has no materiality. The body is not simply a thing to have, but rather to do. The multiplicity of embodied agoraphobias is not limited to the historical variability of the disease concept, but also by the fact that every publication, appointment and discussion enacts agoraphobia differently. Embodiment of agoraphobia materializes within the discursive frameworks articulated by psychiatry.

Butler’s concept of reiteration is employed to demonstrate, again, the variability of embodiment through material-discursive interplay. Enactment is only intelligible and meaningful, of course, when placed within a social, political and cultural context. Reuter claims, then, that the body “is not merely where disease happens, but also the material-discursive instantiation of disease and cultural categories” (170).

Reuter is conscious of the partnership between empirical and theoretical work and does not foreclose possibilities for further research or theoretical elaboration. In fact, one may note the various research possibilities implied in her concluding statements. Considering her theoretical revisions, an explicitly dramaturgical or interactionist research program might complement Reuter’s Foucaultian research, offering an empirical plurality to accompany her theoretical synthesis. Presumably this research would deviate from existing accounts of the performative dimension of disease concepts.

Narrating Social Order: Agoraphobia and the Politics of Classification would be of interest to more than just sociologists of psychiatry and health and illness. For example, it is relevant to debates in the sociology of knowledge more broadly as it is concerned with the marginalization of theories and the competition for legitimacy and dominance in knowledge production. Reuter’s work is also likely to interest those exploring embodiment issues.

Perhaps most importantly, Reuter demonstrates the imperative of a critical perspective that disrupts naturalized and essentialized discourses and promotes a sociologically imaginative approach. Indeed, in the tradition of C. Wright Mills, Reuter demonstrates how one might understand “personal troubles” as “social issues.” For all these reasons, this book would also be valuable in senior undergraduate and graduate courses.

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