

BUILDING BRIDGES AND BREAKING BOUNDARIES: MODERNITY AND AGORAPHOBIA

By Joshua Holmes

What is Agoraphobia?

Consider these two quotations, one from early and one from late in the era of modernity:

'The appearance of the Dirschauer Bridge, where the curve had a wide span, was an uncomfortable experience; during the times he had to cross it, a great feeling of anxiety overcame him, combined with the fear that he could become insane and would jump over the bridge during such a condition.'

(Westphal 1988: 71-72 [1871]).

'I have such a dread of crossing a long bridge on foot that it would require more courage for me to walk to the part of my town situated across the river than it would to face a nest of Boche machine guns.'

(Vincent 1919: 299).

These two men (one described by his physician, the other writing himself) were suffering agoraphobia, first described by the Austrian psychiatrist Carl Otto Westphal in 1871. By the turn of the twentieth century 'agoraphobia had emerged...as a central metaphor for the more generalised psychological interpretation of modern space' (Vidler 2000: 66). Fear of bridges is but one example of a *space of fear* that confronted (and continues to confront) the city-dwelling agoraphobe.

The material function of a bridge is to facilitate movement – of vehicles, goods and services, military hardware and people. Symbolically, the bridge is a *connector* and therefore a triumphant emblem of modernity. But the converse of connection is the breaking, or even transgressing, of boundaries. The bridge is a boundary breaker; an intrusion into bounded space. This paper argues that inherent in modernity is the breaking and remaking of boundaries. This can lead to psychological strain, of which agoraphobia is a manifestation. For the makers and celebrators of modernity the bridge was a symbol of progress, but for critics it represented the inhumanity of 'progress', and for individual agoraphobics, terror.

Westphal's 'agoraphobia' literally means 'fear of the marketplace'. However he defined the condition more broadly as 'fear of spaces' (Westphal 1988: 59) in order to encompass the array of spaces and situations that aroused agoraphobia's characteristic symptoms of palpitations, dizziness, and fear, including fear of madness. Thus the common mis-hearing of agoraphobia as *agrophobia* – fear of open fields – is not entirely mistaken. Westphal rejected Benedikt's restricted understanding of the condition as a kind of vertigo which the latter called 'Platzschwindel' ('Square Dizziness') (Benedikt 1870). Westphal's contemporary

scholars and clinicians strove for more explicitly space-related terminology: with *la peur des espaces* ('fear of spaces'), suggested in France (Legrand du Saulle 1878) and *Raumangst* ('fear of space') in the German-speaking world. Despite these disagreements over appellation, it is clear that *space* was integral to the early understanding of agoraphobia. 'Fear of space' implies fear of expansive, unending and – crucially for this argument – *unbounded* space.

Westphal, the psychiatrist, saw agoraphobia in medical terms. His paper is called 'Agoraphobia: a neuropathic condition'. In it we see Westphal struggling with the boundary between the physical and the psychological at a time when the relationship between the two was poorly understood. In attempting to move from a somatic to a psychological explanation of agoraphobia, Westphal tentatively suggested that his patients' feelings of anxiety were 'more in the head than in the area of the heart' (Westphal 1988: 60), paving the way, as we shall see, for a focus on psychology rather than physicality, epitomised by the psychoanalytic ideas of Sigmund Freud.

The Built Environment

Throughout his account Westphal emphasises the significance of Berlin's built environment and its impact on his patients. A common space of fear for the agoraphobic is the public square. Westphal describes 'Mr C', a 32-year old commercial traveller:

'In Berlin the Dohnhofsplatz is the most unpleasant for him; when he attempts to cross the corresponding square he feels as if the distance were great, that he would never make it across...the more he diverges the boundaries of the houses, the less the feeling of safety.'

(Westphal 1988: 60)

What is the relevance of public squares to connection-making and boundary breaking? Squares have boundless spatial options. The walker can decide which way to go and is largely unobstructed, as compared with other areas of the city, by roads or buildings. The public square then, in terms of modernity, may be seen as a space of liberation and freedom. But its very boundlessness is also threatening. For Westphal's patients the border of houses – which make up the sides of the square – offer relief from the threatening openness: 'the more he diverges the boundaries of the houses, the less the feeling of safety'; or for 'Mr P', a 26-year-old engineer:

'During an attempt to cross an open space the fear begins as soon as the houses of a street leading to an open area increase their distance from him...A feeling of insecurity appears, as if he were no longer walking secure, and he perceives the cobble stones melting together...The condition improves by merely approaching houses again.'

(Westphal 1988: 70).

Writing nearly twenty years after Westphal, Camillo Sitte, a late nineteenth century Viennese

architect and urbanist, analysed agoraphobia in architectural terms. He saw the development of agoraphobia as resulting from 'our natural craving for protection from the flank' (Sitte 1986: 183 [1889]). This fits well with the notion of the disorder as a boundary threat: as William James (1950 [1890]) noted, tangible boundaries provide protection from the exposure of an open space.

Sitte was writing at a time when the ramparts that served to protect Vienna's historic centre had just been demolished to make way for the Ringstrasse, an enormous boulevard very different from the rest of Vienna's architecture. Sitte proposed that the Ringstrasse should be redesigned to produce a series of small, shielding city-square enclaves (Schorske 1981).

For Sitte, squares can be seen in one of two contrasting ways, depending on scale and intent. They could serve as a manifestation of the imperial aspect of modernity (Carter 2002). But also they are an attempt to reproduce in the public realm the private courtyard of the family dwelling of the pre-modern era. A square may be an agoraphobia-inducing space that reminds the individual of his or her vulnerability and disposability, or a quiet haven when faced with the stresses of modernity (Trotter 2004). Sitte jokingly encapsulates this difference by bringing to life the statues adorning the modern project of the square:

'...people formed out of stone and metal, on their monumental pedestals, are attacked by this malady [i.e. agoraphobia] and thus always prefer...to chose a little old plaza rather than a large empty one for their permanent location.' (Sitte 1986: 183 [1889]).

As with large public squares, large buildings were also a source of anxiety for people suffering from agoraphobia:

'Entering theatres and churches...it was the wide space which awakened the fear inside of him.' (Westphal 1988: 61)

'An immense building...fills me with dread. However the architecture of the building has much to do with the sort of sensation produced. Ugly architecture greatly intensifies the fear.' (Vincent 1919: 297)

On the other hand the mere sight of residential buildings could have a soothing effect for the agoraphobe. For Mr C diverging from the 'boundaries of the houses' (Westphal 1988: 60) was what was frightening. Indeed Mr C's fear began when:

'He walked one day out of the city limits on an avenue surrounded by houses and then trees. When he reached the last house, he began to feel strange all at once, almost like a "hangover", and as he reached the 5th or 6th tree he had to turn back.'

Westphal (1988: 62-63).

In the same way, another of Westphal's patients, Mr N's fear dissipates '...by merely approaching houses again' (Westphal 1988: 70). Such 'house-hugging' (Brown 1983: 136) mediates anxiety for these men - they are reassured by the presence of

homes, reminders of their own homes. It seems that homeliness is often the source of comfort for the agoraphobic in the modern city: the intimate public spaces of 'restaurants' and 'public bars' reduce anxiety for Mr C (Westphal 1988: 63). The agoraphobic in public searches for a space to project the home onto; for Mr N it is:

'...disagreeable to move in streets, namely on Sundays when the shops are closed. To walk through familiar streets that are in his neighborhood or where he knows acquaintances or where relatives live makes it easier...' (Westphal 1988: 65).

We see here modernity's impact on the boundary between public and private space. At least for the working class, the movement from a cellular to an open system of housing (Daunton 1983) in the course of the nineteenth century significantly changed the role of the house as a private space. The cellular system implied a transitional zone between the interiority of the home and the outside world. This suggests a smooth gradient of security, in contrast to the threat implicit in stepping across the boundary of one's front door directly into public space.

Boundaries: Public and Private

This physical change in housing occurred in conjunction with a profound alteration in the boundary between the private and public self, paralleled the rise of psychology as a new science. As we have seen, Westphal and Sitte, representing early modernity, conceptualise agoraphobia in physical terms. Westphal talks of the 'neuropathic tendency' in the nervous system of sufferers, while Sitte focuses on the built environment. Freud, Sitte's Viennese contemporary, moved modernity into the realm of psychology. Freud's theory of agoraphobia was based on his ideas about repression and sexuality (Freud 1985 [1887]). For him the space of the street represents temptation for the sexually repressed female patients who consulted him. Their fear of going out was supposedly a fear of the uncontrolled emergence of their sexuality in the form of prostitution. The mechanism of agoraphobia in women is connected to 'the repression of the intention to take the first man one meets in the street' (Freud 1985: 17 [1887]).

While Freud's emphasis on sexuality may seem far-fetched, what is significant for this argument is Freud's insight that the modern city creates a potential confusion between public and private space, both literally and psychologically. The agoraphobic woman in Freud's view suffers from boundary confusion. She fails to locate her desire within the privacy of the home, and allows it to enter her public role as pedestrian, a worker travelling to her place of employment, or consumer.

The prostitute becomes a significant symbol of this blurring of the public/private boundary in the

modern city. In Westphal's account, his agoraphobic patients were drawn to prostitutes, not so much for sexual reasons but as a source of security when faced with the threat of public spaces. Westphal describes Mr C:

In the latter part of the evening – he usually dines in restaurants – he helps himself in a peculiar way in Berlin; he either waits until another person walks in the direction of his house and follows him closely, or he acquaints himself with a lady of the evening, begins to talk with her, and takes her along until another similar opportunity arises, thus gradually reaching his residence. Even the red lanterns of the taverns serve him as support; as soon as he sees one his fear disappears.' (Westphal 1988:61).

Modernity and the Visual

A prostitute plies her trade in the public space of the street (she is a *streetwalker*). Her allure is primarily visual. For Mr C even the sight of the red lights of the taverns is comforting. George Simmel argued that the crowded public space of the modern metropolis led to spatial retreat into the home for the 'sensitive and nervous modern person' (Simmel, cited in Frisbee 1989: 73). Simmel, who was interested in the spaces between individuals as a manifestation of social relations, pointed out that in the period of modernity the visual becomes the predominant sensory mode:

'Social life in the large city as compared with the towns shows a great preponderance of occasions to see rather than hear people. Before the appearance of omnibuses, railroads and streetcars in the 19th century men were not in a situation where for periods of minutes or hours they could or must look at each other without talking to one another...leading to the problems of the emotions of modern life...the sense of utter lonesomeness and the feeling that the individual is surrounded on all sides by closed doors.'

(Simmel, cited in Levine 1971: 325).

For agoraphobics to be seen is to be 'seen through'; the psychological boundary becomes permeable, one's private self visible; the only recourse is retreat. As J. Headley Neale, a late nineteenth century British physician and an agoraphobia sufferer described in the medical journal *Lancet*:

'Then quick as lightning comes the introspection and deception of the "agoraphobic". "Anyone looking out of his window will think I'm drunk"; flashes through my mind, so I drop a book or stoop to tie a shoe-lace and then hurry homewards, restored by the consciousness that I am not dead.'

(Neale 1898: 1322-1323).

Agoraphobia and Modernity Today: Gender Boundaries

This paper has concentrated on nineteenth and early twentieth century accounts of agoraphobia and its theorists. Moving to the present day, theories of agoraphobia and modernity have changed surprisingly

little since the disorder was first described. Vidler (1994 2000) and da Costa Meyer (1996) have built on Sitte's architectural approach; Carter (2002) expands on the ideas of Freud and Simmel; and countless clinicians (e.g. Marks 1980 1987; Chambless & Goldstein 1992) have attempted to enhance Westphal's medical view of agoraphobia as a 'neropathic condition'. However the patients described by Westphal were all men. One significant change has been the realisation that agoraphobia is far commoner in women than men (approximately 85% of today's agoraphobes are women (Reuter 2002)), and the disorder has come to be seen as an archetypal 'women's syndrome' (Foa, Steketee and Young 1984: 445). By the 1970s feminist scholars turned their attention to agoraphobia (e.g. Bem 1974; Brehony 1983). Recently, using ideas such as 'separate spheres' (Brooks-Gardner 1995) and analysis of the dangers of public space for women in modern cities (e.g. Walkowitz 1992), agoraphobia has been appropriated as a metaphor (see Sontag 1977 for a discussion of other illnesses as metaphors) for a history of spatialised patriarchy (Callard 2003) and intimidation and oppression of women (Seidenberg & DeCrow 1983). The essence of these approaches has been the view that public space is controlled and patrolled by men, and that the anxiety felt by women when venturing from their domestic domains is based on a realistic appreciation of the risk of entering alien territory.

In line with the thesis of this paper, feminist geographers have argued agoraphobia can be understood as a boundary crisis (Bankey 2001 2002; Davidson 2002 2003), or as Bankey (2004: 352) puts it: 'a crisis of the boundary between self and space which throws the existence of both into doubt'. This description emphasises the importance of the relationship between what is inside and outside the body, the somatic and the environmental. According to Callard however, scholars of modernity often over-feminise this crisis (and ignore that agoraphobia can occur just as much in 'masculine' as feminised men, albeit at a lower frequency than in women) by using as their theoretical basis 'an overly rigid and hierarchical opposition between street and home' (Callard forthcoming).

Conclusion

This paper has argued that agoraphobia be seen as one of the 'side effects' of modernity. Berman (1983), quoting Marx, starts from the assertion that in the period of modernity, and under capitalism, 'everything that is solid melts into air', including the reassuring solidity of the domestic architecture of the built environment and the stable roles and rules governing social life. This breaking down of physical and psychological boundaries created insecurity giving rise to new diseases of modernity, especially psychological

illness, of which agoraphobia was seen at the time as the prime example. Sontag (1979) claims that certain diseases epitomise the anxieties of an era: in the nineteenth century, tuberculosis, linked to overcrowding and poverty; today cancer, seen as the outcome of pollution and radiation. A similar case can be made for nineteenth and early twentieth century discussions of agoraphobia in relation to the urban geographies of modernity.

To return to Berman:

The burgeoning street and boulevard traffic knows no spatial or temporal bounds, spills over into every urban space, imposes its tempo on everybody's time, transforms the whole modern environment into a "moving chaos"

(Berman 1983: 159).

Berman points here to the way in which modernity inserts its rhythms into the very psyche. The boundary between public space (a road with its vehicles, public roles) and private space (the home, the private self) becomes threatened. The agoraphobic is beset by this threat. The modern city beckons, with its allure of free movement, and boundaryless social, sexual, and physical mobility. But without security, no safe barrier to hold on to, he or she is paralysed, forced to retreat into the imprisoning confine of the home. But modernity will not be stopped. As well as the modern city it has 'invented' the individual, with his or her psyche. Our sensitive agoraphobic is now a patient, an ill person in need of help, which modernity is happy to provide, so long as nothing will impede its project of continuous expansion, building bridges to the future with the help of now treated and supposedly recovered agoraphobics, and all able-bodied people, held in its inescapable thrall.

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