

Introduction

Fearful States: The Emergence of Modern Phobias

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In 1892 Max Nordau concluded his controversial study *Degeneration* with an apocalyptic vision of the new century. If, as he proposed, "fatigue, nervous exhaustion, and the diseases and degeneration conditioned by them, make much greater progress" (540), "then certain phenomena which are perceived as exceptions or in an embryo condition would henceforth increase to a formidable extent and develop consistently; others which at present are only observed among the inmates of lunatic asylums, would pass into the daily habitual condition of whole classes of the population" (537). "Life," he continues, "would then present somewhat of the following picture":

Every city possesses its club of suicides. By the side of this exists clubs for mutual assassination by strangulation, hanging, or stabbing. In the place of the present taverns houses would be found devoted to the service of consumers of ether, chloral, naphtha, and hashish. . . . A number of new professions are being formed – that of injectors of morphia and cocaine; of commissioners who, posted at the corners of the streets, offer their arms to persons attacked by agoraphobia, in order to enable them to cross the roads and squares. (537-38)

For those who inhabit the future Nordau imagined, this bleak prediction can only be considered an amusing prophesy of doom. Relatively little evidence is summoned up to support this dismal picture of mankind's social decline. Nonetheless, such excessive preoccupations with humanity's impending course as Nordau's, illustrate that anxiety and nervousness about the future obtained pandemic quality at the fin de siècle. Chronic fear, it could be argued, emerges as prominent indicator of a late-nineteenth-century cultural malaise. In this sense, Nordau's text is as much a product as a diagnosis of a specific social mood and context.

If anxiety and apprehension reached seismic levels in the final decades of the nineteenth century – and provided the incentive for degeneration's social and pseudo-scientific theories – it is interesting to note that one particular type of fear or terror is explicitly referenced in Nordau's vision of mankind's evolutionary endgame: agoraphobia. In fact, the frequency with which this illness will manifest itself in future years requires, according to Nordau, the formation of an entirely new profession – escorts who assist sufferers in traversing the city's much-feared open spaces. While agoraphobia thus functions as a prominent marker of humanity's degenerate state in Nordau's futuristic panorama, it must be noted that this pathological condition was, in the year of *Degeneration's* first publication, a relatively recent addition to modern medicine's growing catalogue of well-defined diseases. Identified for the first time in 1871 by the German psychologist Carl Otto Westphal as a spatial disorder marked by the fear of open or urban spaces, agoraphobia's notorious symptoms included "palpitations, sensations of heat, blushing, trembling, fear of dying and petrifying shyness, symptoms that occurred . . . when . . . patients were walking across open spaces or through empty streets or anticipated such an experience with a dread of the ensuing anxiety" (Vidler 28). Medical experts insisted that agoraphobia incapacitated and paralyzed the patient, whose ability to negotiate modern cityscapes became severely

restricted. No doubt, it was because of this paralyzing effect that the agoraphobic condition had such appeal for Nordau. The locomotive stasis of the agoraphobic – his or her inability for spatial progress – offered a welcome way of synecdochically representing humanity's apparent deficiency for further evolutionary development.

Its obvious figurative potential aside, agoraphobia's appearance in a prominent passage in *Degeneration* illustrates that the illness had been firmly established, only twenty years after its inception, as one of modernity's common medical configurations. What is more, Nordau includes, apart from the well-known spatial disorders agora- and claustrophobia, other recently identified phobias such as "rupophobia (fear of dirt), iophobia (fear of poison), nosophobia (fear of sickness), aichmophobia (fear of pointed objects), belenophobia (fear of needles), cremnophobia (fear of abysses), trichophobia (fear of hair)" in his extensive taxonomic report on humanity's current pathologies (Nordau 242). In the final decade of the nineteenth century, phobias were well represented on psychologists' therapeutic charts.

This *JLS* special issue on modern phobias investigates the genesis of a pathological configuration – nineteenth-century medical and cultural constructions of chronic or morbid fear and anxiety. This topic is a rich site for critical investigation. In fact, to the ongoing debate on phobias, theorists such as William James, Sigmund Freud, Jacques Lacan, Julia Kristeva and – more recently – Adam Phillips have already made significant contributions.¹ As a pathological description that critically examines the relationship between the subject and the object world, the phobic condition is, of course, a fertile subject for psychological and psychoanalytical studies. But while the theoretical interest in phobias has continued to thrive since the disorder's taxonomic emergence in the 1870s, medical historians and literary critics have given little attention to its cultural significance and shifting historical imports. Unlike other, well-studied nineteenth-century pathological entities such as hysteria (Showalter), neurosis, or paranoia (Trotter, *Paranoid Modernism*), the subject of phobias remains relatively unknown critical territory.² This special issue gives preference, in contrast to established psychoanalytical studies on the topic of phobias, to a historicized analysis of the disorder's development as a medical entity and a cultural signifier. Why did phobias emerge as fashionable illnesses at the end of the nineteenth century? How did psychologists and doctors describe the clinical picture commonly associated with the phobic condition? And what were the historical, cultural, and medical circumstances that produced, changed, and finally consolidated phobia's position as a modern disease? These and related questions are addressed in the three following articles. Collectively, their focus is – as we shall see – wide-ranging, covering such different topics as the description of fear and phobic situations in Ann Radcliffe's Gothic novels or Ford Madox Ford's agoraphobic affliction. What all three writers propose, however, is that the onset of modernity assisted vitally in conditioning, in the long nineteenth century, the pathological configuration known as "phobia." But what, in broad terms, was this illness's conceptual prelude? Was fear or terror regarded as unnatural or unreasonable before doctors provided nosological labels? And if not, how did the commonplace understanding of fear as a natural and conventional human sensation change to acquire its pathological qualities in the second half of the nineteenth century?

If the professional study of fear was marked, from the 1870s onwards, by classificatory richness, a rather different picture presents itself at the beginning of the nineteenth century. Before its elevation into the rank of fashionable late-nineteenth-century diseases, phobia is mentioned in isolated examples only in the *Oxford English Dictionary*. While the term seems to emerge for the first time in 1786, Samuel Taylor Coleridge allegedly noted, in 1801, that he has "a perfect phobia of inns and coffee-houses" ("Phobia"). Evidently, in Coleridge's quaint statement the term 'phobia' is used solely as a high-brow variant of the word 'fear.' Connotations of fright and terror are unmistakably on hand – of

Greek origin, the term "phobus" in classical Latin can variously mean "that has a fear of," "that has an aversion to" or "that has no affinity for" ("Phobia") – but what remains absent here are the condition's later, explicitly pathological indicators. Even though David Trotter locates an early discussion of phobia in an article by the medical practitioner Benjamin Rush that was published in 1786 in the *Columbian Magazine* (Trotter, *The Uses of Phobia* 1), it seems as if doctors had, at the time Coleridge was expressing his dread of crowded taverns, not yet singled out the study of fear and anxiety as a worthy or fruitful avenue of critical inquiry.

Here exception proves the rule. One 'phobia' was well-known to both medical men and the public at the beginning of the nineteenth century. The illness in question was hydrophobia – the human form of rabies. Indeed, "until the labeling of the new phobias, like claustrophobia and agoraphobia, in the 1870s" "hydrophobia was the only 'phobia'" (Pemberton and Worboys 69) that approximated a clinical picture. Naturally, though, rabies seems an unexpected historical and nosological antecedent of the spatial (and other fear-related) disorders, which fin-de-siècle doctors scrutinised and classified with such vehemence. At least in its canine variety, this disorder was a purely "physical disease" (Pemberton and Worboys 2). Furthermore, after Louis Pasteur introduced his preventive vaccine in 1885, the condition's contagious nature became an accepted fact in medical theory and practice. Neither of those issues factored in descriptions of the spatial phobias described for the first time in the 1870s. Although chronic fear might have assumed all but epidemic status at the fin de siècle and was regarded as a sign of humanity's cultural decline, contagion was never seriously suggested as its method of dissemination. However, in its human form, the clinical picture of rabies exhibited specific psychological components – a fact that made it easier for nineteenth-century medical practitioners to establish links between the first phobia and other, later discovered fear-related maladies. In fact, the expression hydrophobia itself "derived from the mental state" commonly found in sufferers, "which always included choking and the inability to swallow, and sometimes even anxiety at the sound of water being poured" (Pemberton and Worboys 12). Combined with other notorious symptoms such as delusions, paroxysms, aggressiveness and violence, the illness would – if it remained untreated – inevitably lead to the sufferer's death from exhaustion.³

This short review of hydrophobia reveals that the disorder is best described, in contrast to rabies, as psychosomatic illness. Apparent physiological signs such as the inability to swallow and the sporadic convulsions appear alongside other, psychological factors, namely delusions and the prominent behavioral changes. In its human form, the infectious disease, rabies, can thus be said to bear a certain resemblance to phobic conditions emerging in medical studies in the 1870s – psychosomatic conditions in which specific mental processes (fear and anxiety) produce apparent (and usually paralyzing) physiological symptoms. Moreover, in their attempts to conclusively establish nosological patterns, nineteenth-century doctors such as William Youatt, James Bardsley, W. Lauder Lindsay, and Thomas Watson distinguished hydrophobia from another pathological configuration. This was an illness that had a much more pronounced psychological component: spurious hydrophobia.

According to medical observers, this discrete but related disorder was, as its name suggests, entirely the product of the sufferer's mind – a "hysterical condition brought on by the fear of the consequences of a dog bite" (Pemberton and Worboys 11-12). Needless to say, extensive and sensational media reports on rabies must have assisted considerably in producing nineteenth-century cases of spurious hydrophobia so that a *Caledonian Mercury* column, "Cyno-Phobia and Hydrophbia," condemned, on 6 July 1861, the widespread notion that every dog bite inevitably produces hydrophobia. To make his case, the columnist

describes the medical condition of a "gentleman, named Shepherd," who was bitten by "a mastiff dog and fell into great alarm, believing that it must be mad." The report continues:

There was not a particle of evidence to show that the dog was so; but he insisted on its being killed. The poor man became very violent soon after being bitten, and snapped at strangers, barking like a dog, and crowing like a cock. Now all these are not symptoms of hydrophobia, although they are those which a popular, but unfounded superstition ascribes to the disease. . . . This poor fellow fell a victim to his fears, and died in a high fever, accompanied by delirium. The scientific evidence was perfectly conclusive on these points. ("Cyno-Phobia and Hydrophobia" 4)

In spite of overwhelming medical evidence that pointed to the contrary, Shepherd was convinced that he was afflicted by the disease and died. Not hydrophobia, the columnist asserts, but Shepherd's imagination is responsible for causing disease and death.

Given its apparent psychological derivation, spurious hydrophobia is of immense interest when considering the genesis of modern phobias in the nineteenth century. No longer is the fear or terror of an object such as water merely a pathological symptom, but it is now the exclusive producer of the patient's complaints and ailments. In becoming the formative element in the illness, fear develops an entirely new representational system. Like a pathogenic germ, fear itself produces symptoms and can be considered the etiologic agent of disease. While it creates, in spurious hydrophobia, a constellation of symptoms commonly associated with human rabies – or an excess thereof – fear also produces the state of nervous anxiety that doctors associated with spatial and other phobias in the second half of the nineteenth century. Implausible as it may seem at first, the history of modern phobias can thus be traced back to early-nineteenth-century preoccupations with other forms of phobic afflictions.

If the genesis of the phobic condition as modern disease concept is complex and multilayered, the same can be said about its symptomatology. Evidently, to all other people than the afflicted, phobic terror contains elements of the irrational and the grotesque. While the activators of the phobic response – the objects or situations, which produce irrational fear and resulting somatic symptoms – varies significantly in modern phobias, they are often situations or paraphernalia of an ordinary kind that set off the fearful reaction. Open spaces, dirt, pointed objects, needles, hair – to recall some of the phobic objects selected by Nordau – have nothing explicitly terrifying about them. What provokes the phobic response is thus the sufferer's reaction to a specific object, setting, or environment. A phobia is a subjective phenomenological experience in which the individual is unexpectedly, in the fearful encounter, startled and arrested by an aspect of the normal, everyday world. Thus the phobic encounter is, as Adam Phillips suggests, "a way of making ordinary places and things extremely charged, like an unconscious estrangement technique. To be petrified by a pigeon is a way of making it new" (Phillips 22). What materialises as a distinctive feature in medical theories on phobias, then, is a suspicion that the sufferer is making analytical mistakes – that the pathological condition manifests itself in a misreading of the normal order of things.

Moreover, because the modern metropolis is one of the most apparent arenas for such radical misreadings, in which the ordinary world appears as both alienating and transformed, spatial phobias have an obvious conceptual connection with cultural modernity. Unlike any other image, urbanity and the trope of the city represent the modern phenomenological experience. Consequently, phobia's association with the aesthetics of the modern can be particularly helpful in locating the disorder in literary and cultural history. While Nordau vividly depicts the agoraphobic's confrontation with the distorted and deformed cityscapes of

the future, writers of the early twentieth century aimed to find new ways of representing the altered landscapes of modernity and the individual's psychological reaction to a modern, transient, ever-changing environment. If phobias have the ability to de-familiarise an ordinary encounter or even an object of quotidian use, as Phillips suggests, the modernist avant-garde explicitly demanded to 'make it new.' As a metaphor phobia can thus function as a useful critical tool for the analysis of modernist literary aesthetics – especially modernist literature that engages with the individual's disturbing urban experiences. Joseph Conrad's 1907 novel *The Secret Agent* offers such a memorable literary depiction of the hostile city with its contorted features. On his way to Verloc's shop, the Assistant Commissioner of Police, leaves "the scene of his daily labours quickly like an unobtrusive shadow" before his "descent into the street" is described like "the descent into a slimy aquarium from which the water had been run off." On route, a "murky, gloomy dampness enveloped him. The walls of the houses were wet, the mud of the roadway glistened with an effect of phosphorescence, and when he emerged into the Strand out of a narrow street by the side of Charing Cross Station the genius of the locality assimilated him. He might have been but one of the queer foreign fish that can be seen of an evening about there flitting round the dark corners" (150-51). Although the character's impression of the city is not necessarily a phobic one, Conrad's depiction locates the feeling of estrangement and dislocation produced in this encounter with the unfamiliar and uncanny streets of the urban centres often evoked in modernist literature.

However, as Andrew Mangham's essay on the gothic awakening of taphephobia in this issue illustrates, modernist authors were not the first writers to capitalise on this shared sensation of novelty and fear produced by the defamiliarised, uncanny locations and places of modernity. Distinctive in its attempt to communicate to the reader the fear and terror experienced by its protagonists, first-wave Gothic literature of the late eighteenth century emerged as a formation which makes anxiety its reference point and structural landmark. It is thus appropriate that the history of modern phobias, related by the essays in this journal, should start with the representation of fearful experiences in the Gothic genre. By synchronizing the analysis of representative Gothic texts with a review of nineteenth-century medical debates on live burial, Mangham traces the development of a particular kind of phobic experience – that of being interred alive – in a selection of writers who contributed to the making of the Gothic canon: Edgar Allan Poe, Charles Dickens, and Wilkie Collins. Many texts examined in the essay predate the formal acceptance of phobias into diagnostic medical terminology. Nonetheless, Mangham convincingly argues that the imaginative Gothic descriptions of terror and fear resembled the pathological condition subsequently described by practitioners. In fact, as Mangham speculates toward the end of his essay, the Gothic scenes of fright and fear might have assisted in producing the demand to scientifically investigate chronic fear and anxiety. When medical experts, from the 1870s onwards, finally defined phobia as a medical condition, many readers of the Gothic had long been familiar with its phenomenology.

That nineteenth-century medicine and Gothic literature shared common ground is further suggested by Minna Vuohelainen's article on Richard Marsh's Gothic novels *The Beetle* (1897) and *The Goddess* (1900). In analyzing the depictions of spatial phobias in his fin-de-siècle urban fiction, Vuohelainen first situates Marsh's texts firmly in a cultural milieu that anxiously scrutinised nervous and psychological disorders. Marsh's fiction resonates with pathological descriptions but, as Vuohelainen suggests, phobic topographies are evoked everywhere to create its eerie and oppressive atmosphere. When Marsh published his urban Gothic fiction in the 1890s, phobias had already been accepted into medicine's diagnostic vocabulary. But Vuohelainen – like Mangham – illustrates that literary depictions of phobias were not simply responsive but continued to be auxiliary to late-nineteenth-century medical debates on nervous disorders. Whether or not they explicitly employed the terminology

produced by medical practitioners, late-nineteenth-century fictional representations of phobias such as Marsh's successfully reproduced the sensations of paralysis and fright commonly associated with the disorder's clinical picture. Due to their specific representational mode literary texts could – in a way that the medical treatise could not – transmit and make known phobic symptomatologies. The synchronised appearance of phobic conditions in medical and literary texts of the fin de siècle thus shows once more the extent to which two apparently irreconcilable discursive formations, literature and medicine, intersected and spoke to each other.

In Marsh's Gothic fiction London, the degenerate and corruptive imperial metropolis, emerges as a site that inflicts phobic experiences on its inhabitants. The paralytic apprehension of the modern city is also the focus of Matthew Beaumont's essay on Ford Madox Ford. In the early 1900s – while he suffered from other fear-related disorders – agoraphobia was certainly Ford's most inhibitive psychological ailment. A modernist novelist writing at a time when phobias had become widely accepted psychological disorders, Ford should have revealed, as Beaumont infers, in the experience of urban cosmopolitanism. After all, the representation of the flâneur is, like few other topics, central to modernist literary aesthetics. Due to his agoraphobia, however, Ford was excluded from a practice that defined the modernist project. In his detailed and sophisticated reading of Ford's biographical and fictional engagement with topographic fears, Beaumont productively reveals the associative connection between Ford's agoraphobic affliction and his commitment to literary impressionism. What is more, the essay's final analysis of *The Soul of London* (1905) uncovers the curative power of writing and literary representation. According to Beaumont, Ford's 1905 text is shaped by the attempt to negotiate the incompatible desires to absorb and reject the metropolitan experience. Not an aestheticization but the triumph over pathological fear seemed to have been the motivating force in Ford's turn to agoraphobic writing. If nineteenth-century literary writers such as Dickens, Collins, or Marsh used phobia's fearful geographies as a new representational mode to communicate to the reader sensations of anxiety and fright, Ford's modernist aesthetics also obtained restorative function. Moreover, while modernist writers determinedly pledge to 'make it new' – to revolutionise literary modes – Ford's case illustrates that the desire to find alternative forms of representing the modern metropolis was directed not exclusively by aesthetic but also by personal concerns. Fear is no longer purely a prominent literary trope. Instead it has become the constitutive element for literary production. Literature might still evoke fear. But maybe it has also become instrumental in overcoming one of the most significant pathological symptoms developed in the individual's encounter with cultural modernity.

The aim of this introduction was to draw attention to some of the complexity inherent in phobia's medical and social constructions. Never a fixed or stable category, phobia remained – after its inception in the nineteenth century – a culturally charged concept. While medical practitioners aimed to establish precise nosological parameters to discuss pathological fear, literary depictions of phobias revealed the disorder's mutability and shifting meanings. The following three essays will continue the examination of some of phobia's variable imports emerging in the course of the long nineteenth century and it is to be hoped that this journal issue can assist in opening up the debate of this under-studied medical configuration. As a cultural concept phobia always intruded on two different academic subjects: medicine and literature. Literary writers and medical practitioners were similarly intrigued by the prospect of studying anxiety and fright. The historical analysis of phobias is thus a fruitful topic for collaborative interdisciplinary research between literary critics and scholars of the social history of medicine. Like the study of other medical disorders that had the ability to function as cultural tropes, the analysis of phobias illustrates the interconnectedness of those two academic disciplines. Both medicine and literature

participated actively in the production and establishment of one of modernity's most complex medical disorders.

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Notes

1. Useful assessments of James's, Freud's, Lacan's, and Kristeva's phobia analyses can be found in Beardsworth, 84-90, Phillips, 12-26, and Vidler, 36-42.
2. Notable exceptions are Trotter, *The Uses of Phobia* and Vidler.
3. A graphic illustration of hydrophobia's devastating course is provided in Zora Neale Hurston's novel *Their Eyes Were Watching God* (1937), in which the protagonist's husband, Tea Cake, receives a bite from a "mad dog" (207), succumbs to the illness and is shot when attempting to assault his wife Janie. Before Janie fires a deadly shot at him, Tea Cake exhibits notorious symptoms commonly found in hydrophobia. Water, Tea Cake reports "done turn't against me" (206) and he gives Janie, who observes him "coming from the outhouse with a queer loping gait, swinging his head from side to side and his jaws clenched in a funny way" (214), "a look full of blank ferocity" (213).

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