Warped space: art, architecture, and anxiety in modern culture

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Agoraphobia: psychopathologies of urban space
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Psychopathologies of Urban Space

The rapid growth of big European cities toward the end of the nineteenth century, the transformation of the traditional city into what became known as die Grossstadt or metropolis, engendered not only a vital culture of modernism and avant-garde experiment, but also a culture of interpretation dedicated to the study and explanation of these new urban phenomena and their social effects, supported by the emerging new disciplines of sociology, psychology, political geography, and psychoanalysis. The pathology of the city, already fully present in the organicist metaphors of romantic, realist, and naturalist novelists from Balzac through Hugo to Zola, gained new and apparently scientific validation in the last quarter of the nineteenth century. By the late 1880s the diagnoses of the American George Miller Beard, who had in 1880 identified neurasthenia as the principal mental disease of modern life, were commonplaces of urban criticism. The Great City was seen to shelter a nervous and feverish population, overexcited and enervated, whose mental life, as Georg Simmel noted in 1903, was relentlessly antisocial, driven by money.¹ Max Nordau’s “degeneration” was joined with Charcot’s interpretation of neurasthenia to construct a climate of interpretation in which the metropolis figured as the principal agent of the “surmenage mental” of modern civilization, as Charles Richet termed it.²

Of special interest was the space of the new city, which was now subjected to scrutiny as a possible cause of an increasingly identified psychological alienation—the Vienna Circle was to call it “derealization”—of the metropolitan individual, and, further, as an instrument favoring the potentially dangerous behavior of the crowd.³ Metropolis rapidly became the privileged territory of a host of diseases attributed directly to its spatial conditions, diseases that took their place within the general epistemology of Beard’s neurasthenia and Charcot’s hysteria, but with a special relationship to their supposed physical
causes. Among these, and the earliest, were Carl Otto Westphal’s and Henri Le Grand du Saulle’s agoraphobia and Benjamin Ball’s claustrophobia, to be followed by a host of other assumedly phobic conditions.

Agoraphobia

The extension of individual psychological disorders to the social conditions of an entire metropolis was on one level perhaps no more than metaphorical hyperbole. On another level, however, the “discovery” of these new phobias seems to have been a part of a wider process of remapping the space of the city according to its changing social and political characteristics. Whether identifying illnesses like agoraphobia or claustrophobia as predominantly bourgeois phenomena, or investigating the more threatening illnesses of the working classes, from vagabondage to ambulatory automatisms, doctors were at once reflecting and countering an emerging and generalized fear of metropolis. By the First World War, “metropolis” had come to imply both a physical site and a pathological state which, for better or for worse, epitomized modern life; Carl Schorske, echoing Nietzsche, has characterized the sentiment as “beyond good and evil.”

It was in these psychopathological terms that the Viennese architect Camillo Sitte attacked what he saw as the spatial emptiness of the new Ringstrasse, contrasting its apparently limitless and infinite expanses to the compositional qualities and smaller scale of traditional squares and streets. Supporting his nostalgic evocation of the past by the new psychology, he wrote: “Recently a unique nervous disorder has been diagnosed—‘agoraphobia’ [Platzscbeu]. Numerous people are said to suffer from it, always experiencing a certain anxiety or discomfort, whenever they have to walk across a vast empty place.” Underlining his point by couching it in the form of an aesthetic principle of monumental scale, Sitte proposed wittily that even statues might suffer from this disease:

We might supplement this observation on psychology with an artistic one: that also people formed out of stone and metal, on their monumental pedestals, are attacked by this malady and thus always prefer (as already mentioned) to choose a little old plaza rather than a large empty
one for their permanent location. What dimensions should statues on such colossal plazas have? They should be at least double or triple life size, or even more. Certain artistic refinements are, in such a case, utterly impossible.\textsuperscript{7}

Sitte extended his argument by associating the causes of this new sickness of agoraphobia with the new space of urbanism. In traditional cities, with their small, intimate and human-scaled spaces, the illness was unknown.

Agoraphobia is a very new and modern ailment. One naturally feels very cozy in small, old plazas and only in our memory do they loom gigantic, because in our imagination the magnitude of the artistic effect takes the place of actual size. On our modern gigantic plazas, with their yawning emptiness and oppressive ennui, the inhabitants of snug old towns suffer attacks of this fashionable agoraphobia.\textsuperscript{8}

The "universal trend of the time," concluded Sitte, was the fear of open spaces.\textsuperscript{9}

Sitte was, of course, ironically using the new psychology to "prove" an observation that had become a commonplace of the aesthetic criticism of urbanism since the brothers Goncourt had complained of the "American deserts" created by the cutting of the modern boulevards. But such a merging of aesthetic and psychological criteria was quickly adopted by countermodernists and latter-day Ruskinians searching for psychological grounds on which to combat modernist planning, as well as by modernists who argued that such primitive psychological regressions should be overcome.\textsuperscript{10}

Sitte's "fashionable disease" was in fact only some thirty years old in 1899: initially diagnosed by a number of doctors in Berlin and Vienna during the late 1860s, who were struck by the common responses of a number of their patients to public spaces, with the first comprehensive memoir published by the Berlin psychologist Carl Otto Westphal in 1871. The symptoms of what he called "agoraphobia" included palpitations, sensations of heat, blushing, trembling, fear of dying and petrifying shyness, symptoms that occurred, Westphal noted, when his patients were walking across open spaces or through empty streets or anticipated such an experience with a dread of the ensuing anxiety.\textsuperscript{11}
Their fears were to a certain extent alleviated by companionship but were seriously exacerbated by the dimensions of the space, especially when there seemed to be no boundary to the visual field. A variety of terms were used to name this disease. Sitte had used the term Platzschwindsucht the year before the publication of Westphal’s article, another doctor, Benedikt, had dubbed it “Platzschwindel” or dizziness in public places, and it had been variously called “Platzangst,” “Platzfurcht,” “angoisse des places,” “crainde des places,” “peur d’espace,” “horreur de vide,” “topophobia,” and “street fear.” The term “agoraphobia” had been already defined in Littre and Robin’s Dictionnaire de médecine of 1865 as a “form of madness consisting in an acute anxiety, with palpitation and fears of all kinds,” and with the support of Westphal it would emerge, despite the objections of a few French psychologists, as the generally accepted term.12

Westphal recounted three major cases that would be repeated in the literature for decades: a commercial traveler who experienced rapid heartbeats on entering a public square, or when passing by long walls, or through a street with closed shops, at the theater, or in church; a shopkeeper who found it impossible to cross squares or streets when the shops were closed and could not travel on the omnibus or attend the theater, concert, or any gathering of people without feeling a strange anxiety, accompanied by rapid heart palpitation; and an engineer who felt anxiety the moment he had to cross a square, especially if deserted, and felt as if the pavement were rushing as if in a torrent beneath his feet. These patients found a certain relief in physical aids: a walking stick or the presence of a friend for example. Westphal cited the case, reported by a Dr. Brück from Driburg, of a priest who was terrified if he was not covered by the vaulted ceiling of his church, and was forced when in the open to walk beneath an umbrella.13

If agoraphobia was by definition an essentially spatial disease, many psychologists insisted that it was equally an urban disease, the effect of life in the modern city. Westphal’s engineer, indeed, stated that he felt less anxiety in a large space not surrounded by houses than in a space of the same size in a city: open nature was refreshing, the city was terrifying. Indeed, writing in 1880, Gélineau had argued for the term “kénophobie” as better characterizing this fear of the void that “strikes only the inhabitant of cities . . . developing under the influence of that debilitating atmosphere of the big towns that has been called malaria urbana.”14 Legrand du Saulle two years earlier had refused the
word “agoraphobia” precisely because, in his terms, it limited the disturbance to one specific kind of public space; he preferred the vaguer term “peur des espaces” as comprising all spatial fears: “the patients suffer from fear of space, of the void, not only in the street but also in the theater, in church, on an upper floor, at a window giving onto a large courtyard or looking over the countryside, in an omnibus, a ferry or on a bridge.” Legrand’s synthetic description of the disease was as dramatic as it was unambiguous in characterizing its setting:

The fear of spaces, ordinarily compatible with the most robust health, is frequently produced at the very moment when the neurotic leaves a street and arrives at a square, and it is marked by a sudden anxiety, an instantaneous beating of the heart. The patient, then prey to an indefinable emotion, finds himself isolated from the entire world at the sight of the void that is presented to him and frightens him immeasurably... he feels as if he is destroyed, does not dare to descend from the sidewalk to the roadway, makes no step either forward or backward, neither advances nor retreats, trembles in all his limbs, grows pale, shivers, blushes, is covered with sweat, grows more and more alarmed, can hardly stand up on his tottering legs, and remains unhappily convinced that he could never face this void, this deserted place, or cross the space that is before him. If one’s gaze were suddenly to be plunged into a deep gulf, if one were to imagine being suspended above a fiery crater, to be crossing the Niagara on a rigid cord or feel that one was rolling into a precipice, the resulting impression could be no more painful, more terrifying, than that provoked by the fear of spaces.¹⁶

He concluded: “no fear without the void, no calm without the appearance of a semblance of protection.”¹⁷

The symptoms were similar for all patients:

This anxious state... is ordinarily accompanied by a sudden feebleness of the legs, an overactivity of the circulation, by waves of tingling, by a sensation of numbness starting with chills, by hot flushes, cold sweats, trembling, a desire to burst into tears, ridiculous apprehensions, hypo-
chondriac preoccupations, half-spoken lamentations, and by a general disturbance that is truly painful, with different alternations of facial coloration and physiognomical expression.18

LeGrand's own observations confirmed Westphal's in every detail. A "Madame B," the vivacious and sociable mother of three children, experienced the symptoms on returning from vacation and finding herself unable to cross the Champs-Elysées, the boulevards, or large squares unaccompanied.19 Fearful of empty churches without benches or chairs, of eating alone in spacious hotel dining rooms, and of being in carriages when there were no passersby in the street, she even needed help in mounting the wide stair to her apartment. Once indoors, she was never able to look out of the window onto the courtyard, and filled her rooms with furniture, pictures, statuettes, and old tapestries to reduce their spaciousness. She lived, noted LeGrand, "in a veritable bazaar": "the void alone frightened her."20 LeGrand's second case was a "M. Albert G.," an infantry officer, interested in literature, poetry, music, and archaeology, who was unable to cross deserted public squares out of uniform. Again his fear was evoked by the void, whether on terraces or in a large Gothic church.21 LeGrand concluded, agreeing with most other students of agoraphobia, that "it was the space that caused him anxiety."22

To the fear of empty and open space was added that of crowded and populated places. LeGrand noted: "It has been remarked that the fear of spaces is produced among certain patients in a very frequented place, or among crowds," a form of anxiety that was quickly assimilated to the more general study of crowd behavior as sketched by Gustave Le Bon.23 The supplement to Littre's dictionary, published in 1883, had already defined agoraphobia in this way, as a "sort of madness in which the patient fears the presence of crowds and, for example, cannot decide to cross a busy street."24

In these ways, the notion of agoraphobia was quickly extended in popular parlance to embrace all urban fears that were seemingly connected to spatial conditions. Entire urban populations, it was thought, might become susceptible to the disease as a result of specific events. Thus LeGrand remarked on the change in the behavior of Parisians following the siege of Paris by the Germans in 1871. Describing a patient whose agoraphobia seemed to be precipitated or at least aggravated by overindulgence in strong stimulants such as coffee,25 he
found an increase in the abuse of coffee among women workers to be directly linked to the famine of the population during the Commune, leading to the dangerous abuse of all kinds of stimulants, a habit that had been continued after the withdrawal of German troops. In Legrand’s terms, the successive closing and sudden opening of the city, its passage so to speak from claustrophobia to agoraphobia, had the effect of fostering the veritable cause of spatial fear.26

By 1879 agoraphobia had been joined by its apparent opposite, “claustrophobia,” popularized in France by Benjamin Ball in a communication to the Société Médico-psychologique.27 He cited the case of a young soldier with a fear of contact, a “délire de propreté,” accompanied by a panic fear of being alone in a closed space, a sensation of being in a passage getting narrower and narrower to the point of being able to go neither forward or back, an intolerable terror that was generally followed by a flight into the fields. A second patient panicked while climbing the stairs of the Tour Saint-Jacques. Neither could remain in their apartments when the doors were closed.28 Ball, disagreeing with Beard, who had proposed to categorize all morbid fears of space under the general heading “topophobia,” asserted the special characteristics of claustrophobia and agoraphobia, which were to be treated as linked but distinct psychoses.

But whether the etiology of these spatial disorders was traced to visual causes, as in Moriz Benedikt’s hypothesis that agoraphobia was a form of vertigo produced by the lateral vision of the eyes, or ascribed to heredity, as generally agreed by doctors from Legrand and Charcot to Georges Gilles de la Tourette, both agoraphobia and claustrophobia were inevitably ranked among the most characteristic of anxieties produced by life in the modern city—exaggerated but typical forms of the all-pervasive neurasthenia. Gilles de la Tourette, concerned to modify the overencompassing category of Beard, identified agoraphobia with a special state of “neurasthenic vertigo [une vertige neurasthénique],” accompanied by “a sensation of cerebral emptiness accompanied by a weakness of the lower limbs. . . . A veil spreads before the eyes, everything is grey and leaden; the visual field is full of black spots, flying patches, close or distant objects are confused on the same plane.” Such vertigo was increased, he observed, by the daily commute to and from the job; sufferers were “pushed to creep along walls, follow houses, and flee the crossing of wide squares.”29
For Gilles de la Tourette, neurasthenia proper had to be distinguished from agoraphobia on the grounds that the latter was an inherited disease, and largely incurable; he described a case falsely diagnosed as *neurasthénie constitutionelle* or hereditary neurasthenia, but which Gilles claimed was rather a vertigo, or agoraphobia, that was inherited directly from the patient's mother whose "life had been tormented by the fear of spaces, by an agoraphobia that had poisoned her entire existence."\(^{30}\) Such hereditary disorders were most evident, according to Gilles, in large cities, among clerks, laborers, and accident victims who "once touched by hysterical neurasthenia . . . become part of those marginalized by the large towns, vagabonds" suffering from incurable mental stigmata.\(^{31}\)

Gilles de la Tourette was here following his teacher Charcot, whose celebrated *Tuesday Lectures* featured many cases of vagabondage associated, according to the doctor, with agoraphobia. For Charcot, as he explained in his fourteenth lesson, 27 March 1888, these "hysterical-epileptic attacks, these vertigos, this anxiety erupting at the moment when a public square has to be crossed, all this is very interesting as an example of the combination of different neuropathic states that, in reality, constitute distinct and autonomous morbid species," and that were, of course, hereditary.\(^{32}\) He presented the case of a young man who suffered from such attacks of epilepsy, agoraphobia, and vertigo, who described his inability to cross the Place du Carrousel or the Place de la Concorde without fear of their emptiness and a corresponding sensation of paralysis. Charcot easily identified the malady as "what one would call agoraphobia, a special nervous state the knowledge of which we owe to Professor Westphall [sic] of Berlin (in German: *Platzangst, Platzfurcht*)." But the patient went on to describe other symptoms that occurred at night in an enclosed railway carriage: "I was frightened, because I had the sense of being closed in. I don't like to stay in a narrow space, I feel ill." For Charcot this added another dimension: "It is not only agoraphobia, you see, it is as well claustrophobia, as Dr. Ball says." To conclude this synthetic case, Charcot diagnosed a profound vertigo that resulted in a sense of falling, whether in trains or when climbing towers.\(^{33}\)

William James, while not a little scornful of "the strange symptom which has been described of late years by the rather absurd name of *agoraphobia,"* like Charcot subscribed to the notion of heredity, but linked it to a primitive survival handed down from animals to man:
The patient is seized with palpitation and terror at the sight of any open place or broad street which he has to cross alone. He trembles, his knees bend, he may even faint at the idea. Where he has sufficient self-command he sometimes accomplishes the object by keeping safe under the lee of a vehicle going across, or joining himself to a knot of other people. But usually he slinks around the sides of the square, hugging the houses as closely as he can. This emotion has no utility in a civilized man, but when we notice the chronic agoraphobia of our domestic cats and see the tenacious way in which many wild animals, especially rodents, cling to cover, and only venture on a dash across the open as a desperate measure—even making for every stone or bunch of weeds which may give a momentary shelter—when we see this we are strongly tempted to ask whether such an odd kind of fear in us be not due to the accidental resurrection, through disease, of a sort of instinct which may in some of our ancestors have had a permanent and on the whole a useful part to play?34

Neither Charcot's nor James's belief in heredity nor Freud's opposing view that, as he noted in his German translation of the Leçons du mardi, "the more frequent cause of agoraphobia as well as of most other phobias lies not in heredity but in abnormalities of sexual life,"35 would remove the urban and spatial associations from the illness. It was as if, no matter what the particular circumstances of individual patients or the arguments of doctors, the cultural significance of agoraphobia was greater than its medical etiology. The resonance of a sickness associated with open or closed spaces, of symptoms that whatever their cause seemed to be triggered by the new configurations of urban space introduced by modernization, was irresistible to critics and sociologists alike. Summarizing and extending the geographical range of Beard's "American" neurasthenia, Charcot's former student Fernand Levillain claimed all cities as the privileged sites of "surmenage intellectuel et des sens" and neurasthenia: "It is in effect in the great centers of agglomeration that all the types of surmenage we have reviewed are collected and developed to their maximum."36 Despite his belief in Charcot's theory of heredity, and his criticism of Beard for having included the phobias within simple neurasthenia, Levillain nevertheless admitted that the neurasthenic inhabitant of the big city might well experience otherwise hereditary maladies in a less acute form—agora-
phobia, claustrophobia, monophobia (fear of solitude and isolation), fear of touching (délires de toucher), and all other instances of spatial fear.

Classified as "morbid fears" and summarized in Charles Fére's *The Pathology of the Emotions*, the enumeration of phobias of all kinds became an almost obsessive part of clinical practice around the turn of the century.\(^3^7\) Agoraphobia (the fear of places) was supplemented by atremia or stasophobia (fear of elevated or vertical stations), amaxophobia (exaggerated fear of carriages), cremnophobia (the fear of precipices), acrophobia or hypsophobia (fear of elevated places), oicophobia (aversion to returning home), lyssophobia (fear of liquids), hydrophobia (fear of water—also connected to agoraphobia by the fear of the sea as expanse, and of crossing a bridge), pyrophobia (fear of fire, which was often linked to claustrophobia), monophobia (fear of solitude), anthropophobia (fear of social contact), and a multitude of others, culminating in photophobia (the fear of fear itself), an illness generally subsumed under neurasthenia.\(^3^8\) Not surprisingly, agoraphobia and its cognates emerged as commonplaces of conversation and lay diagnosis, especially in the context of metropolitan fears.

It is with especial interest, then, that we encounter a description of a case of agoraphobia in a nineteenth-century architect in an obituary also written by an architect, and with all the marks of a psychological case study of the epoch. Appearing in *L'Architecture* in September 1890, this was composed by the celebrated Beaux-Arts architect Julien Guadet on the death of his colleague Louis-Jules André, and details a malady that bears every relationship to the spatial phobias we have been discussing, connecting them directly to the professional experiences of architectural practice.\(^3^9\) It was, Guadet writes, a long-drawn-out illness which, while diminishing in degree, never disappeared. Not wishing to accuse his former teacher of mental illness, Guadet claims to be ignorant of its medical name; he nevertheless displays familiarity with medical descriptions as he compares it to a certain kind of vertigo, one, he notes, that is felt by every architect:

What is its name for the doctors? I do not know. But I am not deceived in giving it the name of apprehension: a very physical apprehension, anxiety of the body and the senses, and not of the mind. Who among us, on a roof, on scaffolding, has not felt at least once the painful sensation of
vertigo? One is used to heights, and yet suddenly, without cause, an unexpected feebleness paralyzes one, makes one inert, the will itself is powerless to react; nevertheless if the frailest stick is in one's hand, if a bar, a rope, a thread that the least effort would break seems to guide and lead one, then confidence is reborn, and the vertigo is dissipated.40

Vertigo, then, was an occupational hazard for architects; but agoraphobia was, in Guadet's terms, a special case of this sensation. For André suffered not from vertigo itself, but from a version of it “felt on the ground, in the street”: “To follow his path was a labor for him, to rub shoulders with a passersby was a discomfort, to be accosted without warning by a friend was a shock.” Indeed, he exhibited all the classic symptoms of agoraphobia, depicted by Guadet in almost pathological terms: “By instinct he kept close to houses and walls in order to have a void on one side only; he walked with the concentration of one who crosses a ditch on a plank.”41

Anxiety + ... Window ...

In the light of the common belief in what Nietzsche termed the “femininization” of fin-de-siècle culture (and thereby what he and others, including psychologists like Otto Weininger and Max Nordau, saw as its decadence), it is not difficult to see why, from the outset, urban phobias were assigned a definite place in the gendering of metropolitan psychopathology. Despite the predominance of male patients in the samples of agoraphobics and claustrophobics analyzed by Westphal and his French colleagues, these disorders were thought of as fundamentally “female” in character; it is no accident that today “agoraphobia” is commonly called “housewife's disease” by doctors. If agoraphobia and its cognates were species of neurasthenia, then it followed that all those considered prone to neurasthenic disease—the “weak,” the “enervated,” the “overstimulated,” the “degenerated,” and the “bored”—were bound to succumb to mental collapse, and first in line, for the psychologists and psychoanalysts, were women and homosexuals.

Thus, as Proust sketched out the reception of the Baron de Charlus into Madame Verdurin's salon, he was to “enter with the movements of bent head, his hands having the air of twisting a small handbag, characteristic of well-