

**СТРАХ ПЛОЩІ АБО ІСТОРІЯ ВИНИКНЕННЯ  
 АГОРАФОБІЇ**

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**FEAR OF THE SQUARE OR HISTORY OF AGORAPHOBIA  
 DISORDER**

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**Герасимьюк Ирина, Гринько Наталья, Карвацкая Наталья. Страх площади или история возникновения агорафобии.** Психиатрический симптом не существует вне контекста. Болезненные переживания структурируются в сознании человека в некую языковую модель, задействуется арсенал слов, понятий и образов, которые свойственные данной культуре. Подобная работа проводится и в науке, где явлениям психической жизни больного подбираются термины-обозначения. **Целью статьи** было освещение возникновения термина агорафобия и трансформация его значение с развитием нейронаук. **Научная новизна** заключается в анализе возникновения понятия агорафобия и сопоставлении его современного значения с историческими прототипами. **Методологические основы исследования:** составляют синергетический и исторический подходы. **Выводы.** Этимология слова агорафобия указывает на то, что сначала оно служило для обозначения боязни многочисленной толпы (рынка), а затем приобрело переносное значение и стало употребляться для определения болезненного страха перед толпой без привязки к конкретной местности, что сегодня служит основным диагностическим признаком данного психического расстройства.

**Ключевые слова:** агорафобия, история медицины, Карл Вестфаль, тревожные расстройства, фобии.

**Introduction.** Agoraphobia is an anxiety disorder characterized by an intense fear of situations or locations that may be difficult to escape. People with agoraphobia may avoid public transportation, movie theaters, long lines, airplanes, and other public spaces. Agoraphobia can trigger severe panic attacks that in some cases prevent individuals from leaving their homes<sup>1</sup>.

**The main body of the article.** Agoraphobia literally means “fear of the marketplace” based on agora, the word for the Greek marketplace. German psychiatrist Carl Friedrich Otto Westphal first introduced the term in 1871, when he wrote Agoraphobia: A Neuropathic Phenomenon. He described his observations of individuals who suffered sensations of panic when faced with the proposition of being in public. Although this condition was not widely recognized until the late 1970s. This term, Westphal felt was appropriate because it described how people felt vulnerable in public places and in particular where there was no obvious exit.

The agora was the central zone of the city, grounded in the daily scene of social life, business, and politics. It was a place of assembly, a place of a festival and a marketplace - the dynamic center of the city. It was a space where people came to congregate and interchange opinions, news, and goods.

As a marketplace, the Agora was one of the few places that free citizens, artisans, slaves and mercantile foreigners could interact with one another but only during particular times

and within specified areas. But, while various groups of men occupied the market and meeting space of the agora, very few women were permitted to do so.

As a political forum, the agora served as a multipurpose gathering place for able-bodied, middle or upper-class male citizens and as a space in which elders and neighbors gathered and met, a form of city hall. The Agora has become an architectural model for the development of political, economic and social gathering spaces within western culture.

In the Greek city the agora was the arena for public debate and self-government. It was a space in which to foster democratic ideals and the polis (state). Indeed it was a manifestation of the polis in spatial form. Over time, the agora has been a space of power and resistance, a space of articulation for the exchange of goods and ideas and for political safety and freedom, as well as a space of dissension, fear, and most importantly exclusion. As such, the agora from its inception was deeply imbued in the division of gendered roles, identities, and geographies<sup>2</sup>.

At the same time, another neurologist, Benedikt, coined another term (Platzschwindel) which translated from the German, means dizziness in public places. Over the years, this syndrome has been called many things, one of the most convoluted terms being the “phobic anxiety depersonalisation syndrome”<sup>3</sup>.

<sup>1</sup> Pollard C. A., Tait R. C., Meldrum D., Dubinsky I. H., Gall J. S. "Agoraphobia without panic: Case illustrations of an overlooked syndrome", *Journal of Nervous and Mental Disease*, 1996, N. 184, P. 61–62 [in English].

<sup>2</sup> Hankinson R.J., “Actions and passions: affection, emotion, and moral self-management in Galen’s philosophical psychology” *Passions and Perceptions. Cambridge University Press*, 1993, P. 184–222. [in English].

<sup>3</sup> Ghazal Y.A., Hinton D.E. "Platzschwindel, agoraphobia and their influence on theories of anxiety at the end of the nineteenth century: theories of the role of biology and ‘representations’ (Vorstellungen)", *History of psychiatry*, 2016 Dec, N.27:4, P. 425–442 [in English].

Although agoraphobia was recognized as far back as the ancient civilizations of Egypt, Greece and China, until the latter half of the twentieth century, the term agoraphobia and the agoraphobic syndrome were not well defined or identified.

Freud was another important figure in the development and history of agoraphobia, though he was more interested in all-encompassing theories of psychosexual development than he was of any specific syndrome. His writings on agoraphobia, "such as the architecture of hysteria revolve around a discussion of one particular case study - the case of little Hans. Following Freud's analysis of little Hans, agoraphobia was interpreted as a form of castration anxiety for men and an anxiety of repressed libido, manifest as "promiscuous urges in the street" which "seems to depend on a romance of prostitution for women. According to

Freud, the traffic and publicity in the streets evoke in the agoraphobic woman fears of illicit incestuous desire. Following Freud's and Westphal's studies of agoraphobia, many physicians and psychiatrists studied agoraphobia, particularly in the United States<sup>4</sup>.

Prior to this, agoraphobia was defined more etymologically as a fear of the marketplace or public spaces and therefore seen to be a fear more directly associated with the spaces avoided, as opposed to being defined as avoidance behavior. Before the 1970s agoraphobia was not typically identified as a "discrete syndrome". Since the 1970s and particularly in the 1980s an intensive period of research on agoraphobia led to a more clearly delineated description and diagnostic criteria for the disorder<sup>5</sup>.

Diagnosis of Agoraphobia first appeared in the Diagnostic and Statistical Manual of Mental Disorders in its third edition (DSM-III; American Psychiatric Association [APA], 1980). Agoraphobia was then considered a primary diagnosis, which may or may not be accompanied by recurrent panic attacks. However, since publication of the DSM-III-R (APA, 1987), a diagnosis of Panic Disorder is considered primary and is diagnosed either with or without Agoraphobia. Under the current DSM-IV (APA, 1994) diagnostic system, individuals exhibiting symptoms of Agoraphobia but never meeting full diagnostic criteria for Panic Disorder are given a diagnosis of Agoraphobia Without History of Panic Disorder (AWHPD).

The DSM-IV (APA, 1994) describes Agoraphobia as anxiety about several different places or situations from which escape would be either difficult or embarrassing if some sort of unexpected or unwanted bodily symptoms occurred (Criterion A). As a result, such situations are either avoided, require the presence of a trusted person, or are endured with great distress (Criterion B). This anxiety and situational avoidance is not better explained by another anxiety disorder, such as Social Phobia or Specific Phobia (Criterion C). Although panic attacks or "paniclike" bodily sensations are often feared, other feared symptoms include loss of bladder or bowel control, vomiting, or severe headache.

Agoraphobia is not recognized by DSM-IV as a diagnosis

on its own. An individual meeting criteria for Agoraphobia is then diagnosed with either Panic Disorder With Agoraphobia (PDA) (if diagnostic criteria for Panic Disorder are also met) or AWHPD. Both diagnoses require that the symptoms cannot be fully explained by a general medical condition and do not reflect the direct physiological effects of a substance<sup>6</sup>.

Common agoraphobic situations include shopping malls, public transportation, supermarkets, restaurants, theaters, additional situations involving crowds or waiting in line, travel far from home, and being alone. Such agoraphobic situations are avoided because of feared bodily sensations or physical symptoms; therefore it is not surprising that other daily activities causing such interoceptive sensations are also avoided.

Activities involving physical exertion, such as aerobic exercise, running up flights of stairs, heavy lifting, and dancing, may be avoided because they induce sensations of physiological arousal. Similar interoceptive activities include hot and stuffy spaces, sexual relations, watching suspenseful movies or sporting events, expressing anger or engaging in emotionally arousing discussions, and ingesting caffeine or chocolate. Individuals with AWHPD who fear sensations other than "panic-like" symptoms might avoid additional activities causing other feared sensations. For example, an individual with AWHPD stemming from gastrointestinal distress and fear of losing control of his bowels might avoid eating spicy foods or heavy meals to prevent unwanted gastrointestinal sensations<sup>7</sup>.

Nevertheless, the actual agoraphobic situations avoided by individuals with AWHPD do not seem to differ from those avoided by individuals with Panic Disorder With Agoraphobia. DSM-IV conceptualizes Agoraphobia as a condition most often secondary to Panic Disorder or sub-clinical panic symptoms. This view rests on the assumption that avoidance of public places and other agoraphobic situations develops as a behavioral reaction to the unexpected physiological arousal of panic. Indeed, re-assessment of 26 AWHPD patients revealed that 57% appeared to suffer from panic attacks containing too few symptoms to meet criteria for Panic Disorder.

In a longitudinal naturalistic study of 562 participants suffering from panic and agoraphobia symptoms, only 6% were assigned diagnoses of AWHPD. These researchers proposed that AWHPD might be best conceptualized as part of panic syndrome, in which AWHPD lies on a single continuum with PDA and Panic Disorder Without Agoraphobia (PD). Similarly, these three diagnoses represent three variations of a single disorder after finding strong similarities among AWHPD, PDA, and PD clinical groups. Although AWHPD is not often seen in mental health treatment settings, Agoraphobia can develop in response to somatic conditions other than panic. For example, AWHPD has been associated with Generalized Anxiety Disorder, Irritable Bowel Syndrome (IBS) and fear of vomiting<sup>8</sup>.

Wittchen, Reed, and Kessler found that most agorapho-

<sup>4</sup> Chambless, D. L., & Mason, J. "Sex, sex-role stereotyping, and agoraphobia", *Behaviour Research and Therapy*, 1986, N. 24, P. 231–235 [in English].

<sup>5</sup> Widiger, T. A., & Samuel, D. B. "Diagnostic categories or dimensions? A question for the Diagnostic and statistical manual of mental disorders-fifth edition", *Journal of Abnormal Psychology*, 2005, N.114(4), P. 494–504 [in English].

<sup>6</sup> Grant, B. F., Hasin, D. S., Stinson, F. S., Dawson, D. A., Goldstein, R. B., Smith, "The Epidemiology of DSM-IV Panic Disorder and Agoraphobia in the United States: Results From the National Epidemiologic Survey on Alcohol and Related Conditions", *The Journal of Clinical Psychiatry*, 2006, N.67(3), P. 363–374 [in English].

<sup>7</sup> Andrews, G., & Slade, T. "Agoraphobia without a history of panic disorder may be part of the panic disorder syndrome", *Journal of Nervous and Mental Disease*, 2002, №190, P. 624–630 [in English].

<sup>8</sup> Goldstein, A. J., & Chambless, D. L. "A re-analysis of agoraphobia", *Behavior Therapy*, 1976, № 9, P. 47–59 [in English].

aphobic individuals in their community sample reported no history of uncued panic-related symptoms, challenging the predominant view that panic-like experiences are usually responsible for the development of Agoraphobia. They argued that AWHPD is not often seen in mental health settings because such individuals seldom seek treatment, not because it is a rare condition. Regardless of whether or not panic-related sensations are responsible for the development of an individual's Agoraphobia, behavioral avoidance is driven by a fear of some sort of internal bodily sensation or event.

**Conclusions.** The etymology of the term agoraphobia reveals a genealogy intertwined in how the agoraphobic condition is experienced today. Agoraphobia, within popular culture, has come to be understood as a fear of the marketplace, an of public or open spaces, primarily because of its etymological connection to the spaces and history of the agora. In fact today clinicians do not understand agoraphobia as a fear of the agora, but rather as a fear of fearful thoughts, or as a fear of panic. Rather than being directly connected to the experience of place, agoraphobia, as understood clinically, is directly connected to the experience of panic. Agoraphobia and its conceptualization have been significantly transformed over the past century and have recently come to be defined as a fear of the crowd and public.

**Герасим'юк Ірина, Гринько Наталя, Карвацька Наталя.** Страх площі або історія виникнення агорафобії. Психіатричний симптом не існує поза контекстом. Хворобливі переживання структуруються в свідомості людини в якусь мовну модель, задіюється арсенал слів, понять і образів, які властиві даній культурі. Подібна робота проводиться і в науці, де явищам психічного життя хворого підбираються терміни-позначення. **Метою статті** було висвітлення виникнення терміну агорафобія та трансформація його значення з розвитком нейронаук. **Наукова новизна** полягає у аналізі виникнення терміну агорафобія та зіставлені його сучасного значення з історичними прототипами. **Методологічні засади дослідження:** становлять синергетичний та історичний підходи. **Висновки.** Етимологія слова агорафобія вказує на те, що спочатку воно служило для позначення боязні численного натовпу

(ринку), а потім набуло переносне значення і стало вживатися для визначення хворобливого страху перед натовпом без прив'язки до конкретної місцевості, що сьогодні слугує основною діагностичною ознакою данного психічного розладу.

**Ключові слова:** агорафобія, історія медицини, Карл Вестфаль, тривожні розлади, фобії.

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