

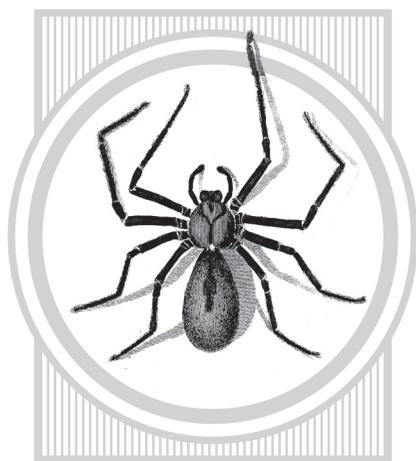
THE BOOK OF
PHOBIAS
&
MANIAS

Kate Summerscale is the author of the number one bestselling *The Suspicions of Mr Whicher*, winner of the Samuel Johnson Prize for Non-Fiction 2008, winner of the Galaxy British Book of the Year Award, a Richard & Judy Book Club pick and adapted into a major ITV drama. Her debut, *The Queen of Whale Cay*, won a Somerset Maugham award and was shortlisted for the Whitbread biography award. *The Wicked Boy*, published in 2016, won the Mystery Writers of America Edgar Award for Best Fact Crime. Her latest book, *The Haunting of Alma Fielding*, was shortlisted for the Baillie Gifford Prize for Non-Fiction. She lives in north London.

Also by Kate Summerscale

The Queen of Whale Cay
The Suspicions of Mr Whicher
Mrs Robinson's Disgrace
The Wicked Boy
The Haunting of Alma Fielding

THE BOOK OF
PHOBIAS
&
MANIAS



A History of the World in 99 Obsessions

KATE SUMMERSCALE

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For Sam Randall

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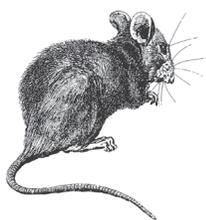
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INTRODUCTION



We are all driven by our fears and desires, and sometimes we are in thrall to them. Benjamin Rush, a Founding Father of the United States, kicked off the craze for naming such fixations in 1786. Until then, the word ‘phobia’ (which is derived from Phobos, the Greek god of panic and terror) had been applied only to symptoms of physical disease, and the word ‘mania’ (from the Greek for ‘madness’) to social fashions. Rush recast both as psychological phenomena. ‘I shall define phobia to be a fear of an imaginary evil,’ he wrote, ‘or an undue fear of a real one.’ He listed eighteen phobias, among them terrors of dirt, ghosts, doctors and rats, and twenty-six new manias, including ‘gaming-mania’, ‘military-mania’ and ‘liberty-mania’. Rush adopted a lightly comic tone – ‘home phobia’, he said, afflicted gentlemen who felt compelled to stop off at the tavern after work – but over the next century psychiatrists developed a more complex understanding of these traits. They came to see phobias and manias as lurid traces of our evolutionary and personal histories, manifestations both of submerged animal instincts and of desires that we had repressed.

A string of manias was added to Rush’s list in the early part of the nineteenth century, and a great flurry of phobias and manias at the century’s close. The phobias included irrational fears of public spaces, small spaces, blushing and being buried alive (agoraphobia, claustrophobia, erythrophobia, taphephobia). The

manias included compulsions to dance, to wander, to count and to pluck hair (choreomania, dromomania, arithmomania, trichotillomania). And we have continued to discover new anxieties: nomophobia (a fear of being without a mobile phone), bambakomalophobia (a dread of cotton wool), coulrophobia (a horror of clowns), tryphophobia (an aversion to clusters of holes). Many have been given more than one name – a fear of flying, for instance, appears in this book as aerophobia, but is also known as aviophobia, pteromerhanophobia and, more straightforwardly, flying phobia.

All phobias and manias are cultural creations: the moment at which each was identified – or invented – marked a change in how we thought about ourselves. A few of those described here are not psychiatric diagnoses at all, being words coined to name prejudice (homophobia, xenophobia), to mock fads or fashions (Beatlemania, tulipomania) or to make a joke (aibohphobia, hippopotomonstrosesquippediophobia, the supposed fears of palindromes and long words). But most of the entries in this volume describe real and sometimes tormenting conditions. Phobias and manias reveal our inner landscapes – what we recoil from or lurch towards, what we can't get out of our heads. Collectively, they are the most common anxiety disorders of our time.

'Phobia particularises anxiety,' observes the literary scholar David Trotter, 'to the point at which it can be felt and known *in its particularity*, and thus counteracted or got around.' A mania, too, can condense a host of fears and desires. These private obsessions are the madneses of the sane; perhaps the madneses that keep us sane by crystallising our frights and fancies, and allowing us to proceed as if everything else makes sense.



To be diagnosed as a phobia, according to the American Psychiatric Association's *Diagnostic and Statistical Manual 5* (2013), a fear must be excessive, unreasonable and have lasted for six months or more; and it must have driven the individual to avoid the feared situation or object in a way that interferes with

normal functioning. The *DSM-5* distinguishes social phobias, which are overwhelming fears of social situations, from specific phobias, which can be divided into five types: animal phobias; natural environment phobias (fears of heights, for instance, or of water); blood, injection and injury phobias; situational phobias (such as entrapment in closed spaces); and other extreme fears, such as a dread of vomiting, choking or noise.

Though specific phobias can be more responsive to treatment than any other anxious conditions, most people don't report them, choosing instead to avoid the objects that they fear – it is thought that only one in eight people with such a phobia seeks help. This makes it difficult to measure their prevalence. But a review in *The Lancet Psychiatry* in 2018, which synthesised twenty-five surveys carried out between 1984 and 2014, found that 7.2 per cent of us are likely to experience a specific phobia at some point in our lives, and a survey carried out by the World Health Organization in 2017, using data from twenty-two countries, came to very similar conclusions. These studies also indicated that specific phobias are much more common in children than adults, that the rates halve among the elderly, and that women are twice as phobic as men. This means that, on average, one woman in ten experiences a specific phobia, and one man in twenty. National surveys suggest that a further 7 per cent of Americans and 12 per cent of Britons have social phobias.

These figures are for phobic disorders, which interfere with everyday life. Many more of us have milder aversions or dreads that we sometimes refer to as phobias: a strong dislike of public speaking or of visiting the dentist, of the sound of thunder, or the sight of spiders. In the US, more than 70 per cent of people say they have an unreasonable fear. When I began researching this book, I did not think of myself as having any particular phobias – apart, perhaps, from my teenage dread of blushing and an enduring anxiety about flying – but by the time I'd finished I had talked myself into almost every one. Some terrors are no sooner imagined than felt.

The causes of these conditions are much disputed. Phobias of specific objects, words or numbers can seem like ancient

superstitions, vestiges of pagan beliefs. The American psychologist Granville Stanley Hall, who catalogued 132 phobias in an essay of 1914, observed that some children developed an obsessive fear after having a fright. Shock, he wrote, was ‘a fertile mother of phobias’. Sigmund Freud, who analysed phobic symptoms in two famous studies of 1909, proposed that a phobia was a suppressed fear displaced onto an external object: both an expression of anxiety and a defence against it. ‘Fleeing from an internal danger is a difficult enterprise,’ he explained. ‘One can save oneself from an external danger by flight.’

Evolutionary psychologists argue that many phobias are adaptive: our fears of heights and snakes are hardwired in our brains to prevent us from falling from heights or being bitten by snakes; our disgust at rats and slugs protects us from disease. Phobias of this kind may be part of our evolutionary inheritance, ‘biologically prepared’ fears designed to shield us from external threats. A phobic reaction does feel like an instinctive reflex. On detecting a threatening object or situation, our primitive brains release chemicals to help us fight or flee, and our physical responses – a shudder or a flinch, a wave of heat or nausea – seem to take us over.

Evolution may help to explain why women are disproportionately phobic, especially in the years in which they are able to bear children: their heightened caution protects their offspring as well as themselves. But phobias may also seem more common in women because the social environment is more hostile to them – they have more reasons to be afraid – or because their fears are more often dismissed as irrational. Evolutionary accounts of phobia are based on post hoc reasoning, and they don’t account for all phobias, nor why some individuals are phobic and others are not. In 1919 the American behavioural psychologists James Broadus Watson and Rosalie Rayner devised an experiment to show that a phobia could be induced by conditioning. In the 1960s, Albert Bandura demonstrated that a phobia could also be learnt by direct exposure to the anxieties and irrational fears of someone else, such as a parent. Families pass on fear as much by example as by genes. Even if we are predisposed to certain anxieties, they need to be triggered by experience or education.

If a phobia is a compulsion to avoid something, a mania is usually a compulsion to do something. The great French psychiatrist Jean-Étienne Esquirol invented the concept of monomania, or specific mania, early in the nineteenth century, while his countryman Pierre Janet wrote tender and attentive case studies of the men and women he treated for such conditions at the turn of the twentieth century. Most of the manias in this book are obsessive behaviours, centred on an object, action or idea – hair-plucking, for example, or hoarding. Their prevalence is hard to assess, partly because modern medicine has subsumed many into categories such as addiction, obsessive-compulsive disorder, body-focused repetitive disorder, impulse-control disorder and borderline personality disorder. Like phobias, they are sometimes ascribed to chemical imbalances in the brain and sometimes to difficult or forbidden feelings. Often they magnify ordinary desires – the wishes to laugh, shout, buy things, steal things, tell a lie, light a fire, have sex, get high, pick at a scab, surrender to misery, be adored.

Along with the private urges, this book includes several communal manias, in which people have danced, giggled, trembled or screamed together. In the 1860s, for instance, a bout of demonomania seized the Alpine town of Morzine, and in the 1960s wild laughing broke out by a lake in Tanzania. These shared convulsions can seem like rebellions, in which unacknowledged feelings surge into view, and they can occasionally force us to reconsider what is rational. When we decide that a particular behaviour is manic or phobic, we mark out our cultural as well as our psychological boundaries: we indicate the beliefs on which our social world is constructed. These borders shift over time, and in a moment of collective crisis – a war, a pandemic – they can change fast.

A phobia or a mania acts like a spell, endowing an object or an action with mysterious meaning and giving it the power to possess and transform us. These conditions may be oppressive, but they also enchant the world around us, making it as scary and vivid as a fairy tale. They exert a physical hold, like magic, and in doing so reveal our own strangeness.



HOW TO USE THIS BOOK

The phobias and manias in this book are arranged alphabetically but can be grouped into themes like these:

A fear of **ANIMALS** in general is known as **zoophobia**, while our aversions to particular types of creature include **acarophobia** (a horror of mites), **ailurophobia** (cats), **arachnophobia** (spiders), **batrachophobia** (frogs and toads), **cynophobia** (dogs), **entomophobia** (insects), **hippophobia** (horses), **musophobia** (rats and mice), **ophidiophobia** (snakes) and **ornithophobia** (birds).

Among the **TEXTURES** that disturb us are cotton wool (an aversion known as **bambakomalophobia**), fur (**doraphobia**), feathers (**pteronophobia**) and clusters of holes (**trypophobia**).

The **COMMUNAL CRAZES** that have gripped us over the centuries include **bibliomania**, an obsession with books, **Beatlemania**, a passion for the Beatles, **demonomania**, a belief that one is demonically possessed, **laughing mania**, which broke out among Tanzanian schoolgirls in the 1960s, **Plutomania**, a fetish for money and later an enthusiasm for a planet, and **sylllogomania**, an obsession with gathering objects. The seventeenth-century Dutch frenzy for tulips became known as **tulipomania** and the bursts of compulsive dancing in medieval Europe as **choreomania**.

The **MASS PANICS** that have seized us include **kayak phobia**, which affected Inuit seal-hunters in Greenland in the late nineteenth century, and **coulrophobia**, a fear of clowns that emerged in America a hundred years later.

Disgust or fear about our **BODIES** can manifest as a terror of blood or needles (**blood-injection-injury phobia**) or dentists (**odontophobia**), as a dread of vomiting (**emetophobia**), ageing (**gerascophobia**) or of giving birth (**tokophobia**). Some of us develop an aversion to smells (**osmophobia**) and some can't bear to use public lavatories (**public urination phobia**).

The **INANIMATE OBJECTS** that most often become a focus of fear include balloons (**globophobia**), buttons (**koumpounophobia**) and dolls (**pediophobia**). The compulsive hoarding of objects is known as **syllomania**, while compulsive shopping is **oniomania** and stealing is **kleptomania**.

Ideas about the **EVOLUTIONARY PURPOSE** of phobias and manias appear throughout this book. There is the mystery of why the sight of blood should make some of us faint (**blood-injection-injury phobia**), and the puzzle of **arachnophobia**, the fear of spiders, which is one of the most common and extensively investigated of all our fears. Our fear of heights (**acrophobia**) seems more obviously self-protective, as do our fears of water (**aquaphobia**, **hydrophobia**, **thalassophobia**), thunder (**brontophobia**), small spaces (**claustrophobia**), forests (**xylophobia**), open spaces (**agoraphobia**) and darkness (**nyctophobia**). An impulse to shield ourselves from harm probably also lies behind disgust-related phobias such as **pogonophobia** (an aversion to beards), **mysophobia** (fear of germs), **entomophobia** (fear of insects) and **trypophobia** (an aversion to clusters of holes). The same feelings may inform compulsive behaviours such as hair-plucking (**trichotillomania**), nail-pulling (**onychotillomania**), skin-picking (**dermatillomania**) and hoarding (**syllomania**). Even our fears of the dentist (**odontophobia**) and of blushing (**erythrophobia**) can be traced

to our species' earliest history. Evolutionary psychologists remind us that a lack of fear (**hypophobia**) can be fatal, and some argue that our fear of snakes (**ophidiophobia**) explains how we became capable of anxiety, language and imagination in the first place.

Worry about **NEW TECHNOLOGIES** has given rise to **aerophobia** (a fear of plane travel), **siderodromophobia** (a fear of travelling on trains) and **telephonophobia** (anxiety about making or taking phone calls).

Aversions to **FOOD and DRINK** can emerge in **ovophobia** (disgust at eggs) and **popcorn phobia**, while people with **emetophobia** (a fear of vomiting) or **pnigophobia** (a fear of choking) may avoid all sorts of consumption. An overpowering desire to drink alcohol used to be known as **dipsomania**.

The compulsive desire to **TOUCH** is **haphemania**, while an aversion to being touched is **haphophobia**. An obsession with **HAIR** can take the form of **trichomania** (a love of hair), **pogonophobia** (a loathing of beards) or **trichotillomania** (compulsive hair-plucking). A fear of **WASHING** is known as **ablutophobia**, and a compulsion to wash often stems from **mysophobia**, the dread of dirt or germs.

Fears of **ISOLATION** and abandonment emerge in **claustrophobia**, **hypnophobia** (a fear of falling asleep), **lypomania** (compulsive sadness), **monophobia** (a dread of being alone), **nomophobia** (a fear of being without a phone), **nyctophobia** (fear of darkness), **sedatephobia** (fear of silence) and **taphephobia** (a terror of being buried alive).

Our anxiety about **OTHER PEOPLE**, or **social phobia**, can take the form of **agoraphobia**, **erythrophobia** (the fear of blushing), **gelotophobia** (the fear of being laughed at), **glossophobia** (the fear of public speaking) and **public urination phobia**. A fear and loathing of specific groups of people is described by terms such as

homophobia (an aversion to homosexuality) and **xenophobia** (a prejudice against people of a different nation or race).

The many **COMPULSIVE MANIAS** include **aboulomania** (compulsive indecision), **arithmomania** (counting), **dromomania** (walking or wandering), **graphomania** (writing), **homicidal monomania** (murder), **klazomania** (shouting), **kleptomania** (stealing), **mythomania** (lying), **nymphomania** (sex), **oniomania** (shopping) and **pyromania** (fire-setting).

Some phobias and manias were **NAMED IN FUN**, as satire or wordplay rather than to describe real conditions – **aibohphobia** is supposedly a fear of palindromes, **ergophobia** is an aversion to work, **giftomania** is excessive generosity and **hippopotomonstrosesquipedaliophobia** a terror of long words.

The most common treatments for phobias and manias are **COGNITIVE AND BEHAVIOURAL THERAPIES**, as described in the entries on **acrophobia** (the fear of heights), **ailurophobia** (cats), **arachnophobia** (spiders), **aerophobia** (flying), **batrachophobia** (frogs and toads), **blood-injection-injury phobia**, **brontophobia** (thunder), **cynophobia** (dogs), **glossophobia** (public speaking), **kleptomania** (stealing), **mysophobia** (germs), **nyctophobia** (darkness), **onychotillomania** (the picking and pulling of toenails and fingernails), **pediophobia** (dolls), **phonophobia** (noises) and **pnigophobia** (choking). A behaviourist attempt to induce a phobia features in the entry on **doraphobia** (the fear of fur).

Our obsessions with **NUMBERS** include **arithmomania** (a compulsion to count), **triskaidekaphobia** (fear of the number thirteen) and **tetraphobia** (fear of the number four).

Our obsessions with **WORDS** include **onomatomania** (a fixation on a single word), **hippopotomonstrosesquipedaliophobia** (an aversion to long words), **aibohphobia** (a loathing of palindromes), **bibliomania** (a longing for books) and **graphomania** (a compulsion to write).

PSYCHOANALYTIC IDEAS about manias and phobias appear in the entries on **agoraphobia** (open spaces), **arachnophobia** (spiders), **arithmomania** (counting), **claustrophobia** (confined spaces), **doraphobia** (fur), **erythrophobia** (blushing), **fykiaphobia** (seaweed), **hippophobia** (horses), **kleptomania** (stealing), **musophobia** (rats), **mysophobia** (germs), **mythomania** (lying), **nyctophobia** (darkness), **oniomania** (shopping), **ornithophobia** (birds), **pediophobia** (dolls), **pyromania** (fire), **siderodromophobia** (trains) and **xenophobia** (people of a different nationality, colour or creed).

Among our fears of **NOISE** are **brontophobia** (thunder), **globophobia** (balloons), **telephonophobia** (telephones) and **phonophobia** (sounds in general), while **sedatephobia** is a fear of silence.

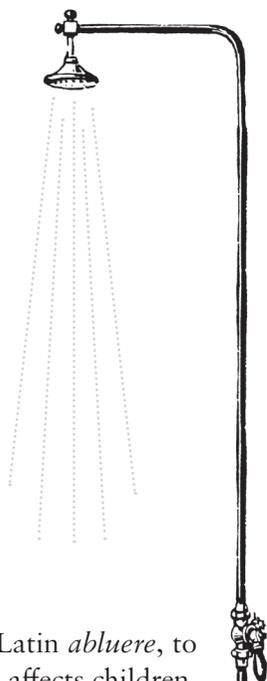
Phobias and manias that verge on **DELUSION** include **acarophobia** (being infested with tiny insects), **demonomania** (demonic possession), **egomania** (an obsession with oneself), **erotomania** (the false belief that one is desired), **hydrophobia** (a terror of the sound, sight or touch of water), **megalomania** (grandiose delusions), **micromania** (a belief that a part of the body is very small) and **mysophobia** (an obsessive fear of dirt and germs). **Pantophobia** is the fear of everything.

A

ABLUTOPHOBIA

A fear of washing – or ablutophobia, from the Latin *abluere*, to wash, and the Greek *phobia*, or fear – especially affects children. It is often a temporary terror, experienced in infancy, though in some cases it can last for years. A seventeen-year-old girl once told the American psychologist Granville Stanley Hall that until the age of eleven she used to scream in horror if bathed. Another teenager informed him: ‘To be washed always made me stiffen out, my eyes bulge, and I was almost convulsed with fear.’

The fear of washing was common in France in the early nineteenth century, when many believed that dirt was a shield against disease and the stink of sweat was proof of health and sexual vigour. As the historian Steven Zdatny explains, thorough washing was in any case difficult in a society that considered nudity shameful. A woman in a rural French hospital was outraged by the suggestion that she take a bath. ‘I am sixty-eight,’ she said indignantly, ‘and *never* have I washed *there!*’ The upper classes were similarly fastidious. ‘No one in my family ever took a bath!’ recalled the comtesse de Pange. ‘The idea of plunging into water up to our necks seemed pagan.’ In the second half of the century, as scientists established a link between dirt and the spread of disease, teachers tried to teach modern hygiene practices to children who



had never used a sponge or immersed themselves in water. The French army, too, tried to instil cleaner habits in its recruits, and in 1902 published a *Manuel d'hygiène* that instructed soldiers to brush their teeth, scrub their bodies and wear underclothes. In Douai, northern France, a military commander ordered his men to forcibly clean a young artilleryman who claimed to be afraid of bathing. The soldiers dragged their dirty comrade into the bathhouse and held him under a shower. According to Zdatny, the artilleryman's death eight days later was attributed to his shock and horror at the sensation of water on his skin. His fear, it seemed, had killed him.

☞ See also: *aquaphobia, hydrophobia, mysophobia, thalassophobia*

ABOULOMANIA

In 1916 the American psychoanalyst Ralph W. Reed treated a pathologically indecisive bank clerk of twenty-two who was 'continually doubting the validity or correctness of anything he has done in the course of his daily duties'. Each time he added up a column of figures, the clerk felt compelled to check it, and then check it again. He made the same agonised return to every calculation, however trivial. Reed noted that this kind of mental paralysis often coincided with paranoid delusions: both were disabling doubts about what had happened or what might take place. He diagnosed the clerk with aboulomania.

The term aboulomania – from the Greek *a* (without), *boulē* (will) and *mania* (madness) – was coined by the neurologist William Alexander Hammond in 1883. Aboulomania, explained Hammond, was 'a form of insanity characterised by an inertness, torpor, or paralysis of the will'. He described one patient, a Massachusetts man, who was seized by indecision when dressing or undressing himself. As soon as he started to take off one shoe, he would wonder whether he should take the other off first. He would switch helplessly between the shoes for several minutes, before deciding to walk around the room to deliberate on the matter. Then he

might catch sight of himself in the mirror, and, noticing his necktie, think, 'Ah, of course that is the thing to take off first.' But when he tried to remove the tie, he would again hesitate and become powerless. 'And so it went on, if he was left to himself,' wrote Hammond, 'till it has frequently happened that daylight would find him still with every stitch of clothing on his body.'

In 1921 the French psychiatrist Pierre Janet described the feeling of 'incompleteness' that affected such individuals, rendering them continually unsatisfied, as if something was missing. They 'watch themselves', he wrote, 'and by dint of observations, through anxiety about themselves, they fall into a sort of perpetual auto-analysis. They become psychologists; which is in its way a disease of the mind.' Aboulomania is an obsession that springs from self-consciousness, Janet suggested, a disorder made possible by our tendency to reflect on our own thoughts.

It seems odd to categorise a state of chronic uncertainty as a compulsion: an inability to make choices looks more like a fear of error than a passion for indecision. But by identifying pathological doubt as a mania, Hammond reminded us that it is not just an absence of conviction. Rather, it is a powerful emotional state, a turbulent and painful condition in which all possibilities are still available; several futures are jostling and nothing has been closed off.

☛ See also: *arithmomania*, *mysophobia*, *syllomania*

ACAROPHOBIA

Acarophobia (from the Greek *akari*, or mite) is an extreme fear of tiny insects, first identified by the French dermatologist Georges Thibierge in 1894, which can develop into a belief that minuscule creatures have invaded the body. The itchy feeling of 'formication' may be caused by the imagination alone, or by a physical condition such as shingles, tuberculosis, syphilis, skin cancer, the menopause or malnutrition. It can also be provoked by substances such as pesticides, methamphetamine and cocaine.

Since itchiness is very suggestible, acarophobic delusions are sometimes transmitted from person to person. The public health officer William G. Waldron investigated several reports of biting insects in Los Angeles workplaces in the 1960s. At a flight-booking centre that he visited, all the female employees were experiencing a tingling sensation and a slight ‘pulling’ on their nylon stockings, just above the ankle. Waldron could find no insects on the premises, but he speculated that the women might be picking up a static electric charge from an uncovered telephone cable beneath their desks. He noticed that morale among the 150 employees was low. Perhaps, he thought, the oppressive working conditions were contributing to their prickly unease – the workers sat at their desks for hours on end, making complex telephone bookings, while three bosses watched them constantly from a darkened booth at one end of the room. Waldron recommended that the airline company cover the phone cable and turn on the light in the supervision booth. After this, the women told him, the itching stopped.

In attempts to dislodge insects, some acarophobes gouge out the flesh of their faces, necks or arms, scalps, chests, armpits or groins. ‘I found him stripped to the waist,’ wrote Luis Buñuel after visiting the artist Salvador Dalí in a Parisian hotel in the 1920s, ‘an enormous bandage on his back. Apparently he thought he’d felt a “flea” or some other strange beast and had attacked his back with a razor blade. Bleeding profusely, he got the hotel manager to call a doctor, only to discover that the “flea” was in reality a pimple.’ Buñuel’s film *Un Chien Andalou*, on which Dalí collaborated in 1928, opens with a razor blade slicing into an eyeball, releasing a swell of jelly, and goes on to show a swarm of ants teeming from a man’s palm, the flesh erupting with alien life.

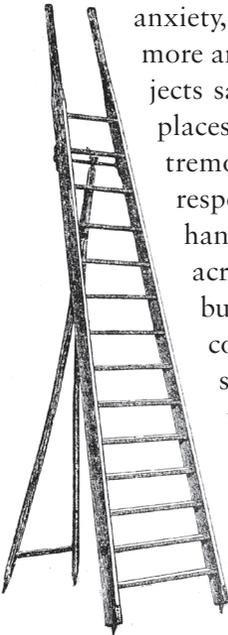
☛ See also: *arachnophobia*, *dermatillomania*, *entomophobia*, *zoophobia*

ACROPHOBIA

Andrea Verga, the Italian physician who invented the term acrophobia in 1887, himself suffered from a morbid fear of heights. An acrophobe, he explained, ‘has palpitations on mounting a step-ladder, finds it unpleasant to ride on the top of a coach or to look out of even a first-storey window’. Verga derived his term from the Greek *acron*, meaning peak, and described its chief symptom as the dizzy, spinning sensation known as vertigo.

Almost 20 per cent of us have a fear of heights, and for about 5 per cent of us it is a terror. The condition is sometimes attributed to traumatic experience – the detective in Alfred Hitchcock’s *Vertigo* (1958) develops a horror of heights after seeing a fellow policeman fall to his death – but only about one in seven acrophobes can recall an incident of this kind. In fact, in 2002 a study of eleven- and eighteen-year-olds with acrophobia found that both groups had unusually little experience of heights. If anything, it seemed that their phobia had been caused or exacerbated by a lack of familiarity with high places.

In 1897, Granville Stanley Hall analysed eighty-three accounts of acrophobia and other ‘gravity-related’ fears, from which he deduced that the phobia was rooted in a primordial anxiety, an ‘instinct-feeling’ that was ‘incalculably more ancient than the intellect’. Many of Hall’s subjects said that when they found themselves in high places they experienced a ‘sudden giddiness, nausea, tremor, gasping, or sense of smothering’. In response, they ‘grew rigid, livid, clenched their hands and teeth’. But, oddly, he noticed that many acrophobes seemed to fear not an accidental fall but their own ‘jumping-off instinct’. ‘Very common is the impulse,’ he wrote, ‘usually very sudden, to hurl oneself down from towers, windows, roofs, bridges, high galleries in church or theatre, precipices, etc.’ Some acrophobes clung to railings or bystanders in order to stop themselves from plunging over



a precipice and ‘ending it all’. One man admitted that he was tempted by ‘the exquisite pleasure of dropping’. Others were drawn to the ‘beautiful sensation’ of leaping into the air, wrote Hall, imagining that they might be ‘upborne by their clothes, a parasol, flapping hands or arms like wings’.

Hall suggested that to be afraid of heights was to be afraid not only of a deathly plunge but also of one’s own primitive impulses, which might include a longing to jump or to fly. ‘What man really most fears is himself,’ he wrote, ‘because his inner primal nature is that which he knows least and which might seize and control most completely his body and soul.’ Hall, who was fascinated by both Charles Darwin and Sigmund Freud, was edging towards a new understanding of phobias, in which fear was forged not only by the adaptations of evolution, but also by conflicts in an individual’s psyche. The whirl of vertigo could seem like the giddiness of yearning.

‘What is vertigo?’ asks the novelist Milan Kundera in *The Book of Laughter and Forgetting* (1980). ‘Fear of falling? No. Vertigo is something other than fear of falling. It is the voice of the emptiness below us which tempts and lures us, it is the desire to fall, against which, terrified, we defend ourselves.’

Some psychologists believe that acrophobia affects individuals who overattend to and dramatically misinterpret their bodily sensations. In exposure treatments, acrophobes are encouraged to climb to a height and wait until their terror recedes – at first, their hearts race, adrenaline courses through them, their breathing quickens; but after ten to fifteen minutes, the heart rate will usually subside, adrenaline levels will drop, and breathing will slow. By waiting for the symptoms of fear to pass, they can learn to associate heights with normal feelings.

In 2018 a hundred acrophobes were recruited by Oxford University for a randomised experiment. After they had filled out a questionnaire to measure their fear of heights, half were assigned to receive immersive virtual-reality therapy and half to a control group. At six thirty-minute sessions, over about two weeks, the virtual-reality group wore headsets that enabled them to undertake different activities while they navigated ascending floors of a

simulated ten-storey office block. They might rescue a cat from a tree on one floor, play a xylophone near the edge of the next floor, throw balls out of the window on another. In this way, they acquired memories of being secure while high up.

When they answered a questionnaire at the end of the trial, the virtual-reality group reported a reduction in acrophobic symptoms of almost 70 per cent, while the control group's fear had reduced by less than 4 per cent. When they filled out the questionnaire again two weeks later, more than two-thirds of the people in the virtual-reality group fell below the trial's fear-of-heights entry criteria: they were no longer acrophobic. 'The treatment effects produced,' concluded the study's authors, 'were at least as good as – and most likely better – than the best psychological intervention delivered face-to-face with a therapist.'

☛ See also: *aerophobia*, *agoraphobia*



AEROPHOBIA

Aerophobia (from the Greek *aer*, or air) originally described a terror of breezes that was common in rabies victims; but it is now often used to describe a fear of flying. Many of us experience this fear, and for an estimated 2.5 per cent of the population it is a phobia. The Boeing corporation estimated in 1982 that the US airline industry would be making an extra \$1.6 billion a year if everyone conquered their fear of flying, and in 2002, the year after the 9/11 terrorist attacks, aerophobia had a tangible effect on mortality rates, too: so many Americans chose to travel by car rather than plane that an extra 1,595 people died in road accidents.

The risks of air travel are very low. A study by Harvard University in 2006 found that the odds of an individual dying in a plane crash were 1 in 11 million – compared to a 1 in 5,000 chance of dying in a road accident. But recent psychological research has shown that we notice rare events more than we do common ones. And Aaron T. Beck, who pioneered cognitive behavioural therapy in the 1970s, pointed out that anxiety is based not only on the

chances of a feared event taking place, but also on our perception of how devastating and inescapable the event would be. Those of us with a fear of flying aren't alarmed by the probability that our plane will crash, after all: what terrifies us is the barely imaginable horror that we would undergo if it were to do so.

A character in Julian Barnes's novel *Staring at the Sun* (1986) articulates the tormenting thoughts that air travel can inspire. A plane crash, thinks Gregory, would be the worst way to die. Strapped into your seat on a plummeting aircraft, amid the screaming of the other passengers, you would know that your death was imminent, and that it would be both violent and tawdry. 'You died with a headrest and an antimacassar,' reflects Gregory. 'You died with a little plastic fold-down table whose surface bore a circular indentation so that your coffee cup would be held safely. You died with overhead luggage racks and little plastic blinds to pull down over the mean windows.' As the plane hit the earth, smashing these tinny tokens of civilisation, your life would be rendered meaningless. 'You died domestically,' thinks Gregory, 'yet not in your own home, in someone else's, someone whom you never met before and who had invited a load of strangers round. How, in such circumstances, could you see your own extinction as something tragic, or even important, or even relevant? It would be a death which mocked you.'

Aerophobes hate the surrender of personal agency that flight entails. Some fear that the pilot will lose control of a malfunctioning aircraft, while others fear that they will experience a panic attack in which they themselves lose control. The phobia can be fuelled by the memory of an alarming flight, by news stories about crashes and hijackings, by disaster movies. Some aerophobes are physiologically vulnerable to the effects of air travel. They may, for instance, suffer from a dysfunction of the inner ear that leads to vertigo or to spatial disorientation during a flight; or from an undetected hypoxia (a lack of oxygen) that creates panicky feelings. Among those aerophobes who do fly, a fifth say that they use alcohol or sedatives to blunt their anxiety.

As a condition with behavioural, physiological and cognitive components, aerophobia is often treated with cognitive

behavioural therapy (CBT). Typically, the phobic individual is encouraged to analyse the distortions in his or her automatic thoughts about flight – for instance a tendency to catastrophise (a process of negative overgeneralisation) or to polarise (all-or-nothing thinking) or to attend too much to distressing perceptions and internal sensations. The therapist provides information about air travel: how a plane works, the causes of turbulence, the chances of a crash, and so on. The patient then draws up a hierarchy of flight-related fears, from packing a suitcase to takeoff to landing, and is taught to use relaxation techniques while imagining each stressful situation in turn. The treatment often culminates with the aerophobe taking a flight, real or simulated.

Some aerophobes feel a superstitious attachment to their phobia, in case it is their fear that has so far protected them from disaster. As the plane takes off at the beginning of Erica Jong's novel *Fear of Flying* (1973), Isadora Wing's fingers and toes and nipples turn to ice, her stomach leaps, her heart screams in concert with the aircraft's engines. She maintains a fierce focus while the plane climbs. 'I happen to know that only my own concentration ... keeps this bird aloft,' she explains. 'I congratulate myself on every successful takeoff, but not too enthusiastically because it's also part of my personal religion that the minute you grow overconfident and really *relax* about the flight, the plane crashes instantly.' By the end of the book, Wing has achieved liberation – creative, sexual, emotional – and she has shed her delusion that only her anxiety keeps a plane in the air.

☛ See also: *acrophobia*, *agoraphobia*, *claustrophobia*, *emetophobia*, *siderodromophobia*



AGORAPHOBIA

The word agoraphobia was coined in 1871 by Carl Otto Westphal, a Berlin psychiatrist who found himself treating several men with a terror of traversing the city. One patient, a thirty-two-year-old travelling salesman, had a dread of certain neighbourhoods,