

Agoraphobia is feminine?¹ Some reflections on the relationship between the agoraphobic syndrome and femininity

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Abstract

The more recent psychoanalytic conceptualizations, relating to the genesis of agoraphobia, have increasingly illuminated - going beyond the Oedipal contribution of Freudian memory - the serious structural deficits of the ego, the presence, therefore, of that "emptiness" in the basic structure as the real nucleus problem (Milrod, 2007; Cartwright, 2006, La Scala, 2010).

These theories contribute to validate the reading of the agoraphobic syndrome as a defense against anxieties triggered by "separateness" and as "pathology of identity and of the limit". From this perspective, in this article we focus in particular on the relationship between agoraphobia and female identity. The process of building a sense of self as a separate being finds particular difficulties related to belonging to the female gender. The female identity is structured, in fact, within the primary relationship with the mother, from which is difficult to differentiate one from the other while at the same time being necessary to identify. Such a path by its very nature, therefore, being <<rocky >> (Nunziante Cesaro, 1994, p. 8), may not always arrive at a solid achievement of identity, but hesitate towards psychic pain and pathology.

Keywords: agoraphobia, separation, separateness, femininity, identity

If agoraphobia, understood in a broader sense, includes not only the horror of facing public places, the agora, but also the reactions of anxiety about all those situations in which the person finds himself alone, without object, limits and boundaries, it is not difficult then to understand why it is important to focus on the fragility of identity, and to find the matrix of the disturbance is not so much the inhibition of sexual drive and aggression, according to the classic Freudian sequence, inhibition, symptoms and anxiety, but rather in the field of structural deficiency in the ego, in the weakness of the boundaries between the self and the object that renders the subject extremely vulnerable whenever he has

no guarantee of external narcissism. Recent theories, which highlight in its genesis the pre-oedipal contributions, indicate that the agoraphobic syndrome, as well as panic attacks and anxiety of separation depend on serious structural deficiencies in ego. So therefore it's possible to see agoraphobia as a "pathology of limits and identity."

On the other hand all the authors who have dealt with agoraphobia in psychoanalysis, starting from Freud, have emphasized the importance the importance of the body and senses, revealing that its roots lie in issues related to early stages of separation development when the mother-child relationship is channelled

primarily by the senses (Munari, La scala, 1998). Agoraphobia is anxiety-provoked through space, which can be present in clinical entities and structures that are very different between them, all marked, however, by a definite set of symptoms that allows one to speak of a real "agoraphobic syndrome", which has its roots in a old nucleus, encysted and hard to get to (Giordanelli, 1992), relative to primitive levels of experience.

This reading, in psychoanalysis, has sustained with conviction by Edward Weiss from Trieste (1964, 1966) who, in agreement with Federn (1952), identifies the origin of the disorder in an impairment of bodily ego.

These considerations give birth to the necessity to investigate the complex issue of identity, and in particular that of women, whose formation follows a more intricate and confusing way than men, as highlighted by numerous authors (Argenterì, 1985; Cotugno, 1999).

The intent of this article is exactly to open the way for reflection on the connection between identity, gender and agoraphobic syndrome. The interest for agoraphobia as a possible "disease of femininity" is not only from the observation of statistical data reported in the literature of the prevalence of the disorder in women², but also from theoretical and clinical considerations, developed on the basis of the review of the psychoanalytic literature from Freud to the most recent conceptualizations of the disorder.

Psychoanalytic authors consider the primary relationship with the mother as longer, more intense and more of a sufferance for daughters than for sons. Thus the females of the same sex parent, may encounter problems with the identification and separation, while males may have problems with management and the expression of their dependency needs. Argenterì writes (1985), the difficult task that each of us has - male or female - must be faced in order to then acquire an identity in fact separate, individuate and differentiate from the original fusional situation and undifferentiated from the mother.

The individual must not only differentiate themselves from the mother and enter into a real object relationship with her, but also come to deal with the oedipal father as being distinct and different from the mother. <<*If for a male the awareness of his anatomical difference from the mother it can be a physiological boost towards a psychological differentiation I believe that for a female instead the fact of being morphologically the same as the mother could give an anti-evolutionary significance, since the growth and the process of separation and individuation go towards psychological differentiation from the mother, but the acquisition of feminine gender identity, instead, means she will end up physically similar*>> (ibid., p. 402)³.

Even Nunziante Cesaro (1995, p. 18-19) emphasizes the feminine difficulty of becoming an individual: <<*The girl's preoedipal attachment to her mother, differently than in males, persists in all three phases of the development of sexuality, theoretical key of classical Freudian psychoanalysis. The pre-oedipal attachment more persistent and enduring in the female is favored from belonging to the same gender and contributes to continuing the similarity and confusion surrounding the maternal universe with which the child is identified. To the contrary, the male's*

attachment expresses his difference, his mother is another, is different and this attachment helps him to differentiate from the mother, to differentiate the mother from the father, and then, shortly thereafter, in building his identification with his father as a male >>.

This perspective enables us to grasp the connection between the fragility of identity and ego boundaries, separation anxiety - or rather, as we shall see later, *separateness* - and agoraphobia, connections that can be understood only by using a deeper level of analysis makes use of the psychoanalytic reading of the underlying dynamics of the agoraphobic syndrome. In fact, the lens offers the most recent psychoanalytic thinking allowing us to look at agoraphobia as an "identity disorder", in which the identity is threatened and depleted by a malfunction of its borders and the separation creates anxiety (Milrod, 2007; Munari, La Scala, 1998).

Staying at a level of analysis strictly etymological agoraphobia refers in an immediate way to a sort of fear of the "square" ("*agora*"), or better, public space. The definition is, in fact, from the Greek words "*ἀγορά*" and "*φοβία*".

"Phobia", which is tied to terms such as fear, panic and terror, casting back to the mythical character of Phobos, son of Ares, who symbolizes the "destructive forces of life", in conflict with the energy and life force, embodied, instead, in Eros, son of Aphrodite (Morgan, 2003^o; 2003b). Agora, however, is the term used in ancient Greece to indicate the main square of the polis, open to free trade, the assemblies and the market. At the same time the economic, political and religious centre, it was the place of democracy, collective participation in public life and the interweaving of many social relationships.

In its definition, agoraphobia is, therefore, <<a political and personal illness par excellence>> (Riva, 2001), individual and social, private and of the group; interesting to note how it implicitly references to the particular role played by gender sex: although part of the agora was often reserved for women - it was pre-eminently "the place of man" (Mumford, 1961). From the agora and the political life of ancient Greece women were excluded and in fact treated as slaves and foreigners, forced to spend most of the time at home, in the *gynaecium*.

This line fits into the vision of the American psychiatrist Robert Seidenberg (1974), who read agoraphobia in existential terms, as an anxious response to the agora, the assembly of a political community from which women were excluded by law.

To understand at a deeper level, however, the underlying dynamics of the agoraphobic syndrome - <<*one of the finer points of psychopathology*>> (Weiss, 1936, p. 5) - and the role of gender, it is useful to address, as mentioned, a number of authoritative voices belonging to the sphere of psychoanalysis. Certainly we need to keep in mind the complexity of the object of the investigation: phobia has interested psychoanalysis from the beginning, and has not ceased to be the subject of continuous theoretical rearrangements and revisions that have made it an increasingly plural and complex entity.

Moreover, as pointed out by Argentero in 1985, the concept of identity and others related to it (introjection, incorporation, imitation, adhesive and projective identification) are among the most complex and controversial issues in

psychoanalysis.

The major trend that has emerged in literature by the mid-70s reflects the blatant shift from the once-dominant Oedipal paradigm (Dunn, 2007). While at first, under the imposing influence of Freud, the origin of phobia was placed at the Oedipal stage of development, later psychoanalysis addressed his inquiry towards more primitive areas of the mind and towards even earlier stages of development, with it becoming apparent that phobias could also be a influence of anxieties arising from the developmental stages prior to the Oedipus complex.

Thus, while the initial analytical formulations on agoraphobia emphasized the libidinal danger, the unconscious conflict related to internal sexual fantasies (often in women for prostitution and homosexuality in men) symbolically projected outwards, on forbidden territory⁴, contributions after they have become increasingly focused on pre-oedipal object relations and ego development, illuminating the importance of the fragility of identity and the importance of the "phobic companion"⁵ which ensures the integrity of the constancy of the self in the subject (Frances, Dunn, 1975)⁶. The deficit of identity, in the light of some psychoanalytic contributions (Quinodoz, 1991; 1992, La Scala, 2008; Munari, La Scala, 1998; De Masi, 2004, 2007, Frances Dunn, 1975; Pine, 1979; Milrod, 2007), propose, therefore, as common ground for separation anxiety and agoraphobia: the separation from the object - which implies a threat of disintegration of the subject who had placed parts of his ego in it - opens the channels to an overwhelming anxiety which can reach levels of explosive panic. This is the basis of serious structural ego deficiencies that is referred to as the area of the basic fault, (Balint, 1968/1983), clearly described by the American psychoanalyst Barbara Milrod (2007), who says that the void of the agoraphobic is the real nucleus problem, a void which translates in a lack of internal space and structures of mentalization of appropriate symbolization, making the subject incomplete and in need of the Other to feel intact: this Other that seems to have a value only in its delimiting function, the extent to which "exists for the subject": is stripped of his individuality and <<overwhelmingly embedded>> (Giordanelli, 1992, p. 1001). The extreme dependence that manifest in agoraphobic subjects towards a significant other, precisely because of poor differentiation, should not be read as a kind of servitude to the other: in agoraphobia, in fact, the other, denied in the sense that he is separate and distinguishable from himself, constitutes an extension of the representation of vital space (ibidem). Intended as a whole with himself, or like his own *provenance*, the other is not, therefore, *usable* as a transformative container (Munari, La Scala, 1998), and he cannot be *used* in the winnicottian meaning. Already by 1964, Weiss - who had devoted attention to the agoraphobic syndrome like no other analyst and had treated a significant number of cases over more than fifty years of psychoanalytic practice - stressed that the condition of agoraphobic anxiety and panic is achieved not only by exposing themselves to the open space and its unconscious meaning, but also by moving away from that place or those people that lead towards experiences with meanings of integrity for the subject's identity. Separation anxiety experienced in agoraphobia, assumed, therefore, a special meaning: it seems tied to the level of fantasy, to the fear of "having to exit out of the

shelter offered from the primary object," and having, instead, less to do with the fear of the loss of the "relationship with" the object. Rather, the fear and panic seem to find their source in the loss of "immediacy" of the object surface as a means of rudimentary self-definition. Spaces "inside" and "between" the objects are felt very concretely as terrifying emptiness in which the self cannot be recognized (Cartwright, 2006). Cartwright, along with Weiss, believes that agoraphobic anxiety is precipitated by a sense of disintegration of the ego and the fear of dissolution of the self (ibidem). In agoraphobia, therefore, at stake is not so much the fear of public life, with all the drive implications connected to it, as the fear of losing one's own sense of identity.

Weiss (1964) points out that the external environment is used by the agoraphobic fragile ego as a representative of its state of mind and its sense of identity can be bound very strongly to certain places, so much so that the person feels confused or suffers an intense discomfort when he happens to find himself in a different situation. Anxiety of an agoraphobic nature can arise, as mentioned, not only by exposing themselves to outer space but also while home alone, in the absence of the usual, familiar sounds, smells. Central in the experience of agoraphobia is the living experience of loneliness that shows clearly that the object of anxiety is the isolation, separation from human context, the loss of enclosures and boundaries.

The psychological distress expressed by the severe crisis of acute anxiety that takes the form of panic attacks and agoraphobia, refers to a malfunction of the limits and a collapse of the foundations of the ego's basic role <<*of enclosure and psychic container*>> (La Scala, Costantini, 2008, p. 10).

If, then, at the base of agoraphobia is a fragility of identity, it's not difficult to understand the type of connection found between agoraphobia and female gender, just as in women, in which the process of identity formation is more prone to problems and conflicts, this pathology is more easily found. The agoraphobic woman, trapped in a need to please, will tend to masochistically satisfy and adapt to, the desires of others denying even her right for her desires "to be born", thus denying the right to an own identity (Morgan, 2003b, ibidem, p. 180). At the base of this "lack of subject" (Racalbuto, 2001), there are, therefore, unstable and precarious ego boundaries, the result of a process that starts from the early stages of development and has its matrix primarily in the particular mother-child relationship. The importance attributed by Freud to the role played by the first bond with the mother in informing the infant's affective mode and his identity remains a pillar of the entire development of theoretical and clinical post-Freudian psychoanalysis, despite the different variations within the different schools (Nunziante Cesaro, 1995).

The identity, therefore, specifically feminine, as already stated, starting from birth and early object relations, is built along different paths from those of men, ways that require that the child separates <<*from the mother identifying with her in a continuous play of difference-similarity which is the figure of femininity*>> (Nunziante Cesaro, 1995, p. X).

The risks associated with this complex process are expressed with particular effectiveness in the words of Nunziante Cesaro: <<*women, by virtue of the fact that their separate identity is formed on the identification with the primary object of which*

they will simultaneously separate, are more exposed than men, to blurring boundaries and nostalgia in fusion>> (ibidem., p. 88). They illuminate the possible role assumed by the female identity process in the aetiology of the agoraphobic disorder and may explain, at least in part, the prevalence of agoraphobic disorder among women (Fodor, Epstein, 2002; Busch, Milrod, Shear, 2009).

Difficult and complex, therefore, the bond between the mother and daughter, relationship that leads inevitably to deal with the absences, suspensions and voids, which make up the fabric of the women's personality structure and can lead to discomfort and suffering⁷.

Only a successful identification, with solid boundaries, allows a woman to build a separate identity and a fruitful exchange with the other (Arcidiacono, 1994). When the outcome of the process is failure the risk is that the suffering would result in pathology. Even the inability to wait, which is characteristic of agoraphobia, may be a reflection of the "voids" in the relationship between mother and daughter. The difficulty in living the empty space of expectation is linked to the absence of an internal object in a positive connotation which reveals a deficit of the constancy of the object (Mahler, 1968/1972): it can be understood, according to Chasseguet-Smirgel, like an expression of a disturbance in the construction of a sense of self as separate being and of femininity itself. The wait, in fact, has to do with femininity, with biological gestation. <<*It's the essence of development of the female that seems to me to be dominated by expectation*>> wrote the French psychoanalyst Chasseguet-Smirgel, alluding to the analytical capacity of women to wait until development is complete (cited in Cotugno, 1999, p. 137). The difficulty to wait, therefore, seems to constitute an expression of gender identity disorder, the difficulty to leave the fusional relationship with the mother to identify with her (Argenterì, 1985, p. 402-403). Agoraphobia, pathology of the space by definition, is, like that, at the same time, the pathology of the time, which is evident in <<*events in which appears the search of a place, of people in which to retreat, the search of 'immediately', the anguish of the time lag between one refuge and another*>> (Tagliacozzo, 1990, p. 81-82) and has its origins in the failure of introjective identification with a *good breast* or a good mother. An inadequate differentiation, therefore, within the primary relationship would result in the inability to tolerate separations which give an overwhelming feeling of anxiety: <<*identification appears in the foreground with a mother who has not accompanied the path of individuation and therefore gives rise to separation anxiety from significant others, from which one cannot separate, if not with grief, others experienced as oppressive and alienating from the self, with which one feels confused and is afraid of being invaded*>> (Bastianini Moccia, 2008, p. 99).

The "separation anxiety" thus becomes "separateness anxiety" and not, therefore, possible to see themselves separate from the external object: its absence threatens the very integrity of the ego that has delivered vital parts of itself (Quinodoz, 1991/1992; Weiss, 1964, La Scala, 2008).

It is necessary at this point, briefly to clarify the distinction between "separation" and "separateness", highlighted in the thinking of authors like Eugene Gaddini, Hanna

Segal, Mhargaret Mhaler, Fred Pine: while separation is a real and physical event, separateness is an evolutionary step that marks the base of the personal identity's construction process and awareness of the uniqueness of ones very existence (Mancia, 1992), and it is developed within the primary relationship with the mother, so fundamental in the development of identity as it is <<*the first distinctive ring [of the] identifying chain*>> (Cotugno, 1999, p. 9). It is, in fact, << *the quality of separation from the mother which then becomes inner separateness*>> (ibidem, p. 16).

To play a key role in the etiopathogenesis of agoraphobia, it would be an impossibility to experience the feeling of separateness, the perception of being separated from the object that is based on the ability to differentiate from self and not self – that, as pointed out by H. Segal (1997) - is the way to reach out to the symbol. Separation, separateness, identity and ego boundaries, therefore, make up the main terms of the agoraphobic topic.

The role of the phobic companion has been emphasized in different ways within various theories (Deustch, 1929; Gaburri, 1970, Frances and Dunn, 1975; Giordanelli, 1992; Munari, La Scala, 1998; Milrod, 2007): their presence has precisely the function of preventing the separation and the perception of separateness, acting as a guarantor of an external <<*uncertain identity*>> (Pavan, 2008, p. 182), bringing <<*old narcissistic injuries*>> (ibidem, p. 183).

Speaking of the presence of “separateness anxiety”, at least in the most severe and disabling forms of agoraphobia, offers the opportunity to read the anxiety generated by the separation as a response to the threat of an intolerable separateness and so, to put the emphasis on the pathology of differentiation, shedding light on the precocity of the origins.

It is perhaps appropriate, before concluding the argument, to briefly reflect on the implications that such a reading of the agoraphobic syndrome could have in a therapeutic context.

Essential in the therapy of female agoraphobic patients- but obviously also with male agoraphobic patients - becomes, in fact, <<*work on the border*>> (La Scala, 2010, p. 940), the <<*analytical work on the limits, on the “ego boundaries” and of the transition space which could collapse in confusion or in the bottomless void, if it cannot get to be organized as a transitional area*>> (La Scala, 2008, p. 83). The construction of safe limits is essential and gradual introjection – according to the container-contained interaction of Bick (1968) – of the function performed by the analyst, which allows the establishment of an internal psychic space (La Scala, 2008). They are structural deficits in the representation of the self, presence, that is, of that "void" in the basic structure to be the central focus of treatment (Milrod, 2007). This approach may allow, through a work aimed at strengthening internal boundaries and the sense of separateness (De Masi, 2004, La Scala, 2008, 2010), to address the problems underlying the claustrophobic- agoraphobic symptoms , linked precisely to the process of differentiation and autonomy and thus allowing the development of the symbolization . As suggested by Hanna Segal (1997), the perception of separateness

is essential in order to reach the symbol , necessary so that the primitive anxieties can be processed in a more structured and accessible way (Wilde, 2003).

Notes

1) I believe that an answer to this question, which aspires to be as reliable and complete as possible cannot not be separated from the consideration of the numerous social, cultural, historical factors as well as those tied to the individual, everything having in a different way an influence on the prevalence of agoraphobia, so obviously linked to the female gender. However, the discussion here is limited to the evaluation of psychodynamic intrapsychic and relational factors.

Neither is it the pretence of the article to offer a complete and comprehensive view of the agoraphobic syndrome, of its complex relationship with psychodynamic panic, anxiety in general and with claustrophobia - the other face of agoraphobia. According to Weiss (1964, quoted in Spadoni, 2007, p. 157), in fact, << agoraphobia and claustrophobia are two sides of the same phenomenon that connect to the pain of leaving one's home as part of the self, therefore to a situation equivalent to the original of ones birth, the prototype of all subsequent separations>>. This paper will, however, stimulate a reflection on the links with the identity, especially that of women.

2) While in the late nineteenth century agoraphobia was considered more as a masculine condition (Callard, 2001), a few decades later the condition became progressively coded as "feminine" (Callard, 2003). At the end of eighteen hundred due to restrictions of access to public spaces that burdened women in the west, it must have seemed normal and natural for a woman to be afraid of the world outside her house, while the same fear must have seemed pathological for a man. Since the 70s of 1900, however, it starts to become a predominantly female disease, in so much as a woman who feared the outdoor space was considered out of step with the times. Roberts (1964) for example refers to the victims of agoraphobia using the expression "Housebound housewives". The research in recent years indicates that agoraphobia is a disorder predominantly in women (Kaplan and Ochs, 1995). Bekker and van Mens-Verhulst report in their paper (2007) a 4:1 ratio of women to men with regard to the prevalence of agoraphobia, diagnosed according to DSM-IV - TR. The psychologist Fodor considers agoraphobia as the problem par excellence (the quintessence) of women (1992).

3) Perhaps for these reasons sometimes women chose a partner <<for regret>> (Cotugno, 1999, p. 77), a choice that <<is based on research and re-investment in a partner, of aspects of the maternal figure lived as positive and loved>> (ibidem.), in the relentless pursuit of a substitute mother. Argenterì (1985) cites cases of women who have split off and defensively projected fusional aspects of the primary relationship with the mother on first the father and subsequently on her husband, living a dramatic and total dependency on her partner.

4) The street, the place where with a classic vision one is considered to manifest agoraphobia, is to Deutsch (1929), as for his teacher, Freud (1925), a risk both for the suppressed inner desire to be a "prostitute", and also for exhibitionistic impulses, which are also widely present. Following the classical perspective for which the populated roads are distressing because they offer the possibility to satisfy the sexual temptations, she stresses, therefore, the role of voyeuristic and exhibitionistic tendencies, which are important factors in determining the phobic anxiety.

5) The agoraphobic patient, in the most severe and disabling cases, is no longer able to "operate" autonomously, even going so far as to "avoid" leaving the house, unless accompanied by a person upon whom they can rely. Choosing, therefore, a "fellow-companion of confidence", a "phobic companion" (Deutsch, 1929, Frances Dunn, 1975) - parent, partner, etc.. - entrusting them the role of <<*magical protector*>> (Gaburri, 1970, p. 171), enabling them to cope with the gripping anxiety. The whole life, then, becomes devoted to stemming the anxiety, the space of creativity, play and transitionality cannot be realized, which gives way to a constant state of defense in which existence is blocked (Baldassarro, 2008).

6) The most recent approaches, which emphasize the importance of separation anxiety, attachment issues, the hyper-dependence and hyper-protection (Busch, 1995; Pam, England, Munson, 1994; Gabbard, 1992; Milrod, 1995) suggest a significant role played by pregenital elements in the formation of phobic symptoms.

7) Particular attention should be placed, however, not only to the quality of the relationship with the mother, but also to the role the father plays in this process. The girl turns, in fact, to her father in the oedipal period just like the exit of a symbiotic orbit (Chasseguet Smirgel, 1964/1971). We can assume, in situations where the pain is expressed through agoraphobia, an absence of the father in the function of separation from the mother, as a third party who enters into the mother and child couple.

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