PHOBIA OF OUTER SPACE

By

R. J. KERRY, L.R.C.P., M.R.C.S., D.P.M.

Senior Registrar

Department of Psychiatry of the United Sheffield Hospitals

THE manifest contents of most phobias concern dangers coming from the environment. It is the degree of those neurotic fears rather than their objects which makes them appear unrealistic. Fears of dangers coming from outside the environment in which the patient lives, such as fear of cosmic happenings, have usually been found to be associated with schizophrenia. Recently the knowledge of our physical environment and the scope of its exploration have been undergoing fundamental changes. This has been reflected in the symptomatology of phobias. The following four patients seen in the psychiatric outpatient department of the United Sheffield Hospitals during the last eighteen months illustrate how a change in the popular concept of physical reality can produce a new type of neurotic fear. The first case is given in greater detail than the others, because the patient's power of verbalization was above average.

Case 1

This patient was a tall burly man of 33 years of age, who was first seen in September, 1957. He was a married schoolmaster with an 8-year-old daughter, and had lost a baby 3 years previously with pneumonia. This had, for a time, intensified his symptoms. He was said to be conscientious and good at his work although showing resentment easily during frustrations with his colleagues. He lived in hilly country just outside Sheffield which made his fears more disabling in his daily routine. His general practitioner referred him with "a type of agoraphobia" from which he had suffered on and off for 4 years. He was said to get sweating and nausea with views and open spaces. At the first interview he said "it first happened on Dartmoor, we were on a tor: you are there surrounded by masses of space. You seem unprotected and very vulnerable". He felt much worse at work (at school on top of a hill) and when travelling downhill to his home.

Over the next 5 months his condition worsened. He felt unsafe "because the earth is a ball spinning round and I am on it". Occasionally the horizon seemed to tilt and if he looked at a picture he felt it was about to turn over. He became completely incapacitated and had to be admitted to hospital with the fear "of going to disappear into outer space". He felt that his feet were on the ground and that the sky was above and he had to keep reminding himself that the force of gravity was keeping him down—"otherwise I would float into space". (At this stage he blamed his illness on his resentment of changes at work, and what he described as his professional pushing around.) Because of depression he had a short course of E.C.T. which left his fears unchanged. Phrases which commonly occurred included: "It's space that's getting me—the curvature of the globe makes everything insecure". "We are surrounded by a hostile envelopment—if I think about it I want to run for cover. I feel more vulnerable stood still than walking. The globe is a globe and I think of the underneath as well." At this stage he went through a particularly distressing time due to daily reports about the Transantarctic Expedition (as did Case 2). He would ask "can you imagine you are walking on something unstable" and he would talk of "taking cover from all the space around". His home was described as "a little small house on the globe and all the space above—and that is insecure". If he went outside and saw other people he would say, "do these other people realize what danger they're in on this spinning ball we call a globe?" His fear was summed up by himself as follows: "Primitive man had a fear of the sun and the moon and the stars, and I am the same." The fear on hillsides was due to the danger of "slipping off and floating off into space". Mild earth tremors in East Derbyshire during late 1957 made him afraid of the earth's crust crumbling. His fears were made worse by the setting sun "because it accentuates heights" and "it is like a ball of fire". He was afraid of travelling in certain parts of the city: "it's the chimneys—they emphasize heights". Snow falling at this time of the year made him afraid because of the danger of it upsetting the balance of the earth (Case 2 was afraid of chimneys, oil drilling and coal mining). At a later stage, when attending as an out-patient,

https://doi.org/10.1192/bjp.106.445.1383 Published online by Cambridge University Press

he described his journeys to the hospital "as good practice through the terrible chimney infested regions". From time to time he described his feelings in directional terms, e.g. "getting a bit of the vertical" or "I sometimes get the other space as well—the horizontal aspect—just space rather than ascension".

This patient has been subject to neurotic disorders since early childhood; he remembered that before he was five his mother always made his nerves bad before they went to town. She would "whittle" (worry) him about washing and keeping tidy. He said it used to get on his nerves and he could feel it inside, and that he had had these feelings all his life. It depended on his being in good condition whether he noticed it or not. His mother was a "whittler" (worrier) and he thinks he must have got it from her. He also remembers that his father would not go near aerodromes or aeroplanes—feeling that he had a fear of "the flying part". As a child he was always travel sick on tramcars and particularly in those parts of the city where there were a lot of chimneys. He also showed obsessional features in childhood, worrying if he had done things correctly and "I used to go over things unnecessarily".

He received in-patient psychotherapy of a supportive and abreactive nature for 2 months. This was in sessions of about 40 minutes 4 times a week. During this time he was urged to make increasingly prolonged journeys (at first with a nurse). After his discharge from hospital he felt unable to return to work "because the long journey allows some of these fears to come back". He was seen as an out-patient twice a week for the next 2 months and improved sufficiently to return to work, although he experienced considerable anxiety on some journeys with "the space whipping back" which he thought was made worse by getting tired at work. He was soon able to increase his activities and he regarded himself as having made tremendous progress when he refereed football matches on winter afternoons in spite of the setting sun. In the next 6 months he started driving his car into the Peak District and later to the seaside, which had been out of the question for the previous year. It is now 2 years since he was first seen as an out-patient and his only complaint is the "space feelings sometimes whip back for a second or two when I am overtired".

Now when he looks back at his illness he thinks it was brought on by unfair conditions of work, i.e. he was doing extra work without extra remuneration. During the war he was a navigator in the R.A.F. but does not relate this to his illness. He remembers that when the latter started he was a geography master using a globe and looking at it as though from outer space. He thought his illness was also related to drawing diagrams of the earth in space for the schoolchildren. He said that he had never had trouble with his ears or sense of balance and had passed an aircrew medical examination for this.

Case 2

The second patient was a successful business man of 40, with feelings of insecurity going back to childhood and space feelings for almost 20 years. He was married with 2 children and had been in satisfactory employment with the same firm since leaving the Army in 1946. He had been a popular colleague and had worked his way up to a directorship of a small company. The fears first became troublesome in 1940 immediately after the "blitz" on Sheffield (1940), where he was stationed on Army Service. He had recently met his future wife and they married a few months later. His first complaints were of feeling frightened when he was out, when he would break out into a sweat, having to run to wherever he was going. He then developed a fear of the world spinning round which was accentuated in open spaces. The fear was worse on route marches. He went sick with these fears at the beginning of 1943 and he was seen once by a psychiatrist.

The patient became worse over the next few months which was towards the end of 1941, and then he showed the following features. He was afraid of heights and of going upstairs, because it made him feel that the world was round. He used to get "tied up" in a tramcar going one way, and the earth spinning another way, and he could not sort out which way he was actually going in space. It gave him a tense, tight feeling inside. These symptoms improved a little at the time of his marriage early in 1942 but never left him. He also said that he was never happy on walks unless "near woods where there is some protection", and he was also afraid in the open where he "couldn't get into protection quickly". He said that views used to "get hold" of him, giving him a feeling that there was nothing underneath him. Whenever he thought of people moving coal and oil (by mining and drilling) he felt "by God, someone's going to upset the equilibrium of the whole sphere" (c.f. rain and snow, Case 1). He never got over the fact that people are under us walking upside down, and he was upset last winter when listening to broadcasts of the Test Matches played in Australia (c.f. Case 1 and the Trans-atlantic Expedition).

As a child he remembered looking through his legs and seeing everything upside down, which made him dizzy. The setting sun caused him to work things out, e.g. "am I standing on a slope?" The stars at night caused him to think "let's get inside and get some protection". He said "an expression I use is a feeling of vulnerability (c.f. Case 1)—it's difficult to describe". He said that he used to get a similar sort of feeling under chimneys and mentioned a particularly large chimney in Sheffield which always produced this feeling.

He continued his war service (sergeant R.A.S.C.) in the U.K.—not without difficulty, though he never went sick. He was very grateful when he became a sergeant because "it was easier to work it out to keep near protection". After the war he was relatively well for several

https://doi.org/10.1192/bjp.106.445.1383 Published online by Cambridge University Press

years although never happy in exposed views, and described "thought going through your mind of the distance rain falls—it gets you boggled".

Two years ago his symptoms, which had been present but not troublesome since the war returned with unpleasant intensity, sufficient to place restrictions on his normal activities. He put this down to "emotional strain". He said that he imagined himself in love with the wife of a friend, and at the same time his wife was expecting another baby. As a result he described himself as becoming all upset. At the onset of this exacerbation he went down a coalmine and the cage upset him because he was terrified of lifts and anything he could not control.

At an interview he discussed his space fears saying "there is so much talk (about outer space) these days—it makes you boggle to think about it". "I boggle at the idea of satellites being put up—they are stationary space stations and yet they are going round—I can't sort it out". Ships also make him feel afraid "because of the space above, below, and round you". The thought of flying made him turn over. One of his main worries on becoming a company director was the possibility of having to fly on business trips.

His childhood was described as difficult. His father was initially very well off and lost all his money in the slump. when the patient was 5 years old. He described his father as "a big-head with a heavy hand". There was an undercurrent of tension all the time and his mother had to play the piano in a public house, which he thought was degrading. There were no gross neurotic features during childhood but during group psychotherapy considerable resentment was repeatedly expressed towards his father. He also said that his security came from his mother, who was herself insecure. As he grew up he had feelings of inferiority and self-consciousness. He "always wanted security" and didn't want to carry on with the same quarrels and shortages as in his childhood. He became a meticulous and mildly obsessional person.

Treatment consisted of out-patient group psychotherapy. This was a mixed and closed group of 8 patients for 1½ hours in one session per week for 10 months. At the end of this period he was virtually symptom free, and fears of outer space caused no social disability. Looking back he could not account for his particular fears and regarded it as "a morbid interest since 1940". It was not related to his job or other interests. He remembered that he had complained of singing noises in his ears since his Army days and had an examination from the medical officer for this. He occasionally suffered from wax in his right ear. Otological examination (including tests of vestibular function) revealed no abnormality. He considered that group psychotherapy was of considerable help to him.

Case 3

The third patient was referred by her general practitioner during the summer of 1959, "because of headaches since the age of 3". The patient was an attractive, well-developed girl of sixteen who felt unsettled at work. She described her headaches as being due to "migraine like father had". They were not preceded by any prodromata, were right sided and lasted all day. They included the right side of the face and neck and occurred 2 to 7 times a week. She said she had always been anxious, with a fear of the dark, and of something going to happen —for example developing a growth in her head.

At home she had to keep tidying her things, and rearranging the contents of her drawers. At work in a gown warehouse she had to re-check piles of dresses 2 or 3 times, and to go round picking bits of tissue paper off the floor. It was only on specific questioning about space fears that she described them. She said that she had never mentioned them to anyone before. Fears about the earth had existed for about 11 months. She felt that it was suspended in space and was unstable, and that it might collide with another planet. "We are suspended in air and I wonder how safe we are. It is queer to think we are turning round and round and turning upside down." Space fiction and television programmes about outer space interested her particularly, and she denied being afraid of the prospect of making journeys into outer space. She felt more space conscious as the sun was setting. She showed no agarophobia, but was afraid of heights.

Her childhood was unhappy, Her father suffered from migraine and drinking a lot. He was always hitting both the patient and her mother. She was a nail biter as a child. Considerable upset was caused in 1957 by the death of the grandmother who had brought her up. The re-marriage of her mother 12 months later made her feel more settled. Headaches had occurred first at the age of 3 when her father returned from war service abroad. She remembered him as being cruel and never nice to her, and always unpleasant when drunk. She was never fond of him, and as a child was always afraid of something going to happen (such as Dad coming home drunk and beating them up). Recently her headaches were common on Tuesdays and Thursdays when she had to face a particular typing teacher at work—whom she described as ill-tempered. The lessons were sometimes missed because of this. At the time of the completion of this paper she was being treated as an out-patient on supportive lines. Otological investigation revealed no abnormality to cause her symptoms.

Case 4

The fourth patient was a married woman of 29, with 2 children. She was first seen one week after the previous case, and did not mention space fears until asked about them. The general practitioner referred her because of chronic anxiety and frigidity. Her main worry

https://doi.org/10.1192/bjp.106.445.1383 Published online by Cambridge University Press

was that she had been anxious since adolescence, and felt she was now passing this on to her children. She showed obsessional personality features and she used to re-check the gas taps in the house repeatedly. She mentioned pains in the stomach which she had always thought of as cancer, and pains in the neck which she had thought to be due to poliomyelitis. Travelling on the roads and in lifts made her afraid. Two children close together (ages 1 year and 2 years) were suggested as a reason for worsening of the symptoms. She said she was afraid of "the universe", getting tense when she thought of being upside down and spinning round. She had to listen to space programmes on television, "but it's a nuisance when you are interested in things and they frighten you". "The world is unstable and may collide and blow up. The world is more unstable when I feel unstable. Other planets and stars collide and explode. They say the sun will blow up one day and it's rather a frightening thought." She is also claustrophobic, afraid of heights, cliffs, and falling off piers. These fears have worried her since "I knew the world was not the be all and end all". She also said she was afraid to sleep in a strange room because of waking up to find the walls and the floor in a different place. Like Case 2 she could not stand seeing a picture upside down. She felt that there were peculiar things happening in the universe, e.g. there was too much radiation, and there might suddenly be insufficient air. When thinking of the universe she said "the earth isn't there and the sky there—but it's spinning round all the time—you get confused—everyone has to bring themselves down to earth occasionally". She became worried "about all the collisions there might be up in outer space because of all this indiscriminate sending up of satellites". She felt, "there is no planning and it might affect the natural order of things".

This patient has been seen regularly as an out-patient and has recently been fitted into a group for psychotherapy.

Discussion

All four cases showed the typical clinical features of neurotic anxiety with a variety of phobias related to space. Fear of disturbance of equilibrium was present in each case. There was no indication of vestibular dysfunction in any of them. In all four cases there was a history of neurotic anxiety in childhood, which was clearly related to a sense of insecurity; in three patients it appeared to have been created by unhappy relationship to the parents, and in one to excessive standards set by an over-solicitous mother. All four patients showed marked obsessional personality features.

The phobic preoccupation with space at first took the form of fear of heights and of agoraphobia. Fear of outer space and of cosmic catastrophes supervened at a later stage. The first two patients had during the war experienced threats coming from distant spaces though not from outer space. In the second case the sphere of danger increased from the range of enemy bombers to the infinity of the universe. All patients experienced anxiety about the security of their attachment to the earth. The first patient in particular expressed doubts about the reliability of his own gravity. All four felt the gravity of the globe and its movements to be precarious. They were preoccupied with fears of the earth deviating from its course and being destroyed in a collision in outer space. Artificial satellites were felt to increase this danger. In all four patients the sight of the setting sun touching the horizon exacerbated the phobia. They were aware that the frightening character of this sight was due to the globe and the sun meeting within the visual field.

The four cases reported here are worthy of interest because they demonstrate the influence of cultural factors on neurotic symptoms. The growing preoccupation with outer space is one of the features of our present civilization. It is not surprising that it should enter into the manifestations of certain neurotic symptoms. The same happened when bacteria became generally known. Possibly, with bacteria having lost some of their terrors, bacteriaphobia will become less frequent and other phobias, such as the one described here, will take its place. It appears that the contents of phobias are more liable to reflect common anxieties than are other neurotic symptoms, such as those typical of hysteria which tend to express problems and conflicts in more individual terms.

https://doi.org/10.1192/bjp.106.445.1383 Published online by Cambridge University Press

The number of cases reported is too small to permit of generalizations. However, it is of interest that all of them showed marked obsessional personality features. It would not be surprising if space phobia should regularly be found to be associated with that type of personality. Obsessional personalities tend to be preoccupied with spatial relationships and are apprehensive of changes in those relationships, especially if they cannot control them. The concept of the infinite universe implies infinite uncertainties which the obsessional might find it difficult to tolerate. Schilder*, who discussed the significance of space in neurotic symptoms, noted that the obsessional neurotic tended to limit and, if possible, to contract his spatial environment. If this should be so, the present-day emphasis on its limitless expanse could create anxiety in those patients. Schilder's observation is in need of further study. In his view, the abnormal space experiences of the neurotic symbolize their inner uncertainty concerning their actions. Space phobia, with the picture of the globe leaving its course and colliding with other bodies, can be regarded as a projection, in terms of the space age, of anxiety arising from unconscious conflicts. The question why these anxieties should take this particular form in some individuals, cannot be answered on the basis of a purely clinical investigation. Possibly, the use of the psychoanalytic method may throw light on this problem.

Summary

The symptom of space phobia has been described in four patients. Its relationship to the obsessional personality type has been discussed. It illustrates the influence of cultural factors on neurotic symptom patterns.

Acknowledgment

I am indebted to Professor E. Stengel for encouragement and advice.

* Schilder, P., *Internat. J. Psychoan.*, 1933, **13**, 274.

https://doi.org/10.1192/bjp.106.445.1383 Published online by Cambridge University Press