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Twice Shy: Two Accounts of Timidity in *fin-de-siècle* France

In her cultural history of fear, Joanna Bourke refers to shyness, the ‘mild apprehension of other people’, as a ‘commonplace’ anxiety.¹ For Christopher Lane, it is a ‘routine emotion’, or ‘ordinary trait’.² This assessment of shyness, or timidity, as a trivial affliction is not new. In his 1922 *Les Grands Timides*, for example, the philosopher and psychologist Ludovic Dugas described timidity as one of the ‘menues questions de psychologie’.³ But the apparently ‘minor’ status of shyness has not prevented it becoming a major research topic in the fields of psychology and psychiatry. Indeed, Dugas was one of the first thinkers to establish it as a sustained subject of scientific enquiry in France: in 1898, he published a monograph entitled *La Timidité: étude psychologique et morale*.⁴ Then, in 1901, the psychiatric doctor Paul Hartenberg brought out *Les Timides et la timidité*,⁵ responding to and nuancing Dugas’s theories. Together, these two texts constitute a crucial, but frequently overlooked, moment in the history of shyness in France, and in particular the history of its medicalization.⁶

Neither Dugas’s nor Hartenberg’s turn-of-the-century texts is well known today, despite the fact that shyness is a thriving area of international research in disciplines ranging from developmental psychology and sociology to behavioural genetics and neurobiology.⁷ In these disciplines, ordinary-language words like ‘timidity’ or, more commonly in Anglophone contexts, ‘shyness’,⁸ are used alongside clinical terms such as ‘social anxiety’ or ‘social phobia’ (*la phobie sociale* in French) to discuss a condition which many consider to be on the rise.⁹ Following the introduction of ‘social phobia’ as a diagnostic category in the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders* in 1980, pharmacological research into social difficulties and their treatment has also increased.¹⁰

¹ Joanna Bourke, *Fear: A Cultural History* (London: Virago, 2006), p. 2.

² Christopher Lane, *Shyness: How Normal Behavior Became a Sickness* (New Haven: Yale University Press, 2007), p. 12, p. 10.

³ Ludovic Dugas, *Les Grands Timides* (Paris: Félix Alcan, 1922), viii.

⁴ Ludovic Dugas, *La Timidité: étude psychologique et morale*, Bibliothèque philosophie contemporaine (Paris: Félix Alcan, 1898). All page references will be to this edition. Subsequent references to the work, abbreviated as *T*, are given in the text, followed by the page number.

⁵ Paul Hartenberg, *Les Timides et la timidité* (Paris: Félix Alcan, 1901). References to *Les Timides et la timidité* are abbreviated as *TT*, followed by the page number.

⁶ The research undertaken for this chapter is part of an ongoing project examining the history of shyness in modern France, generously supported by the Leverhulme Trust (Early Career Fellowship scheme).

⁷ See *Extreme Fear, Shyness, and Social Phobia: Origins, Biological Mechanisms, and Clinical Outcomes*, ed. by Louis A. Schmidt and Jay Schulkin (New York: Oxford University Press, 1999); W. Ray Crozier, *Understanding Shyness: Psychological Perspectives* (New York: Palgrave, 2001); Susie Scott, *Shyness and Society: The Illusion of Competence* (Basingstoke: Palgrave Macmillan, 2007); *The Psychological Significance of the Blush*, ed. by W. Ray Crozier and P. J. de Jong (Cambridge and New York: Cambridge University Press, 2012).

⁸ Definitions of ‘shyness’ vary widely, but the term can broadly be understood as the experience of fear and/or self-consciousness in social situations; ‘timidity’ refers to a more general lack of confidence or courage. In this chapter, I privilege the term ‘timidity’ given its etymological proximity to the French *timidité*, but the context is always that of social interaction, as it is in the work of Dugas and Hartenberg. Definitions will be discussed at greater length in the second and third parts of this chapter.

⁹ Philip Zimbardo and Lynne Henderson, ‘Foreword’, in *Shyness: Development, Consolidation and Change* (London: Routledge, 2000), xiii–xv.

¹⁰ Research in this area is, inevitably, controversial: scepticism about the transformation of so-called everyday emotions into medical disorders, making large profits for pharmaceutical companies in the process, has resulted in a number of critiques; see Lane, *Shyness* and Susan Cain, *Quiet: The Power of Introverts in a World That Can’t Stop Talking* (London: Viking, 2012). For analyses of the specific controversies surrounding social phobia as a diagnostic category in contemporary French psychiatry, see Stephanie Lloyd, ‘The Clinical Clash Over Social Phobia: The Americanization of French Experiences?’, *BioSocieties*, 1, 2 (2006), 229–49, and Lloyd,

Work in this area tends towards ahistoricism.¹¹ As this chapter will demonstrate, the medical history of shyness and its cognate terms predates the twentieth century, but this fact was almost entirely disregarded by mental health professionals until recently.¹² In 1996, for example, German E. Berrios remarked that ‘the impression has recently been given that [social phobia] was only recognized in or defined in 1966’.¹³ In more recent years, however, the role of the French psychiatrist Pierre Janet in the original naming of social phobia, in his 1903 *Les Obsessions et la psychasthénie*,¹⁴ has begun to be acknowledged.¹⁵ What have not been sufficiently explored, however, are the sources which Janet himself drew on in his study, which include work by Dugas and Hartenberg on timidity and the psychopathology of sociability.¹⁶

Why did Dugas’s and Hartenberg’s monographs on timidity appear, within a few years of each other, at the turn of the twentieth century? What sparked the writers’ interest in this elusive experience, and what can their work tell us about *fin-de-siècle* French society more broadly? This chapter will use Dugas’s and Hartenberg’s monographs to expand the historical parameters of our contemporary understandings of shyness, but also to probe the ambivalence which marked — and still marks — much research into this particular form of social difficulty. Both Dugas and Hartenberg identified timidity as a problem with cultural and societal implications, and both drew on similar, often literary, sources to construct their theories of timidity. Nonetheless, fundamental differences of approach and opinion emerge from their texts. Is timidity always an obstacle to individual and collective wellbeing, as Hartenberg asserts? Or, as Dugas implies, can it on occasion be a healthy and even productive experience? In the context of *fin-de-siècle* France, such questions were shaped by restrictive understandings of bodily and mental health bound up with norms of gender, race, and class, and by a pervasive concern with national decline. Yet the questions still pertain to normative discussions surrounding shyness and sociability today. While the approach this chapter takes is historical, then, it is important to note the contemporary resonances of its analysis. More broadly, the two monographs under discussion move, whether implicitly or explicitly, between discourses and disciplines (between literature and medicine, for example,

‘Morals, Medicine and Change: Morality Brokers, Social Phobias, and French Psychiatry’, *Culture, Medicine, and Psychiatry*, 32, 2 (2008), 279–97.

¹¹ On the frequent neglect of history in psychology as a discipline, see Kurt Danziger, *Naming the Mind: How Psychology Found its Language* (London: Sage, 1997), pp. 9–14.

¹² The relationship, and threshold, between shyness, social anxiety, and social phobia is heavily debated amongst psychologists and psychiatrists, and evidence remains inconclusive. Some argue that the terms are essentially synonymous; others, that they refer to qualitatively different phenomena. See Denise A. Chavira, Murray B. Stein and Vanessa L. Malcarne, ‘Scrutinizing the Relationship Between Shyness and Social Phobia’, *Journal of Anxiety Disorders*, 16, 6 (2002), 585–98; Nancy A. Heiser, Samuel M. Turner and Deborah C. Beidel, ‘Shyness: Relationship to Social Phobia and Other Psychiatric Disorders’, *Behaviour Research and Therapy*, 41, 2 (2003), 209–21.

¹³ G. E. Berrios, *The History of Mental Symptoms: Descriptive Psychopathology Since the Nineteenth Century* (Cambridge and New York: Cambridge University Press, 1996), p. 272.

¹⁴ Janet refers to ‘des phobies sociales ou des phobies de la société’ in *Les Obsessions et la psychasthénie*, 2 vols (Paris: Félix Alcan, 1908), I, p. 217.

¹⁵ See, for example, Lloyd, ‘The Clinical Clash over Social Phobia’; Lane, *Shyness*; Heather Buchanan and Neil Coulson, *Phobias* (Houndmills, Basingstoke, Hampshire: Palgrave Macmillan, 2012).

¹⁶ Scholars who have referred to Hartenberg include Berrios, *History of Mental Symptoms*; Bernard Jolibert, *L’Éducation d’une émotion: trac, timidité, intimidation dans la littérature* (Paris: Harmattan, 1997); Robert A. Nye, *Masculinity and Male Codes of Honor in Modern France* (Berkeley, CA: University of California Press, 1998); and Nichole Fairbrother, ‘The Treatment of Social Phobia – 100 Years Ago’, *Behaviour Research and Therapy*, 40, 11 (2002), 1291–304. Their references are generally cursory, however. Dugas’s work on timidity has received even less attention; see Berrios, *History of Mental Symptoms*, pp. 272–73; Jolibert, *L’Éducation d’une émotion*, especially chapter 1, ‘Le Trac: émotion primitive’; and Nye, *Masculinity and Male Codes of Honor*, p. 223, for some discussion.

and between philosophy and psychology) and thus shed light on interdisciplinarity and the nineteenth-century construction of scientific knowledge.¹⁷

The Cultural Context

The preoccupation with timidity exemplified by Dugas's and Hartenberg's texts was not an isolated incident or ephemeral episode in French culture, but reflected ongoing forms of engagement with timidity as a puzzle and, often, a problem. We know that references to timidity as a moral flaw date back at least to the seventeenth century: in typically wily fashion, a maxim by La Rochefoucauld claims that 'La timidité est un défaut dont il est dangereux de reprendre les personnes qu'on en veut corriger'.¹⁸ What emerges in the course of the nineteenth century, however — clearly drawing on and perpetuating much of the earlier moral discussion — is the sense of timidity as a medical disorder. And by the latter part of the century, we see a growing desire amongst psychopathologists to understand the mechanisms of this disorder in detail. As the study of mental disease, psychopathology encompasses the work of psychiatrists, psychologists, and, potentially, philosophers. In nineteenth-century France, the sciences of the mind were gradually taking shape and marking out their territory. Disciplinary boundaries were fluid, and shifting. In *Les Timides et la timidité*, Hartenberg offers a particular perspective on these shifts when he evokes, with satisfaction, psychology's increasing distance from philosophy (and simultaneously affirms his own positivist, 'modern' position):

Ce travail [...] est un essai de psychologie positive et moderne, de psychologie scientifique en un mot. On sait que depuis une vingtaine d'années environ une évolution considérable s'est accomplie en matière de psychologie. Se dégageant peu à peu des nuages de la métaphysique et des abstractions de la méthode introspective pure, l'étude de la pensée humaine a bénéficié de la clarté et de la précision des méthodes scientifiques objectives, et la psychologie s'est déplacée progressivement pour passer du domaine de la philosophie sur le domaine de la science. (vi)

Here, Hartenberg is talking about psychology, but psychiatry — the specifically medical study and treatment of mental disorders — was also 'still in the making' in the nineteenth century.¹⁹ From its initial association with the asylum and treatment of the 'insane' in the late

¹⁷ For work on the interface between science, literature, and culture in the nineteenth century, see Sally Shuttleworth, *The Mind of the Child: Child Development in Literature, Science, and Medicine, 1840–1900* (Oxford: Oxford University Press, 2010); *Médecine, sciences de la vie et littérature en France et en Europe de la Révolution à nos jours*, ed. by Lise Dumasy-Queffélec and Hélène Spengler, 3 vols (Geneva: Droz, 2014); Miranda Gill, 'Self-Control and Uncontrollable Passion in Stendhal's Theory of Love', *French Studies*, 69, 4 (2015), 462–78.

¹⁸ François de La Rochefoucauld, *Maximes et réflexions morales du duc de La Rochefoucauld* (Paris: Lecoq, 1829), p. 102. La Rochefoucauld's elliptical allusions to the dangerously unpredictable, and highly sensitive, nature of the *timide* will later be taken up by *fin-de-siècle* thinkers.

¹⁹ Jan Ellen Goldstein, *Console and Classify: The French Psychiatric Profession in the Nineteenth Century* (Cambridge and New York: Cambridge University Press, 1987), p. 7. On the growth of French psychiatry in the nineteenth century and its reach beyond the asylum, see Goldstein, *Console and Classify*; Nye, *Crime, Madness, and Politics in Modern France*; Ian Robert Dowbiggin, *Inheriting Madness: Professionalization and Psychiatric Knowledge in Nineteenth-Century France* (Berkeley: University of California Press, 1991). For a study of the growth of psychiatry from an international perspective, see Edward Shorter, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac* (New York: John Wiley & Sons, 1997). On the emergence of psychology as an academic discipline in France, see Serge Nicolas and Agnès Charvillat, 'Introducing Psychology as an Academic Discipline in France: Théodule Ribot and the Collège de France

eighteenth and early nineteenth century, as explored by Foucault,²⁰ the discipline broadened to include the treatment of outpatients with milder symptoms. The figure of the psychiatrist — or ‘alienist’, one of the terms most commonly used at the time — was becoming increasingly specialized, professionalized, and powerful.

It is against this background of transitioning disciplines and expanding professions that timidity became appropriated by psychopathological discourse and developed into a diagnostic category. As Jan Goldstein discusses, the second half of the nineteenth century abounded with loosely defined, capacious terms for afflictions of the nervous system, including *névropathie*, *nervosisme*, and *neurasthénie*, which were falling increasingly under the dominion of the psychiatrist as opposed to the general practitioner.²¹ The history of these nervous disorders is significant, not least as they shaped the environment in which, in Germany, Freud began to work. But for the purposes of this chapter, they are important as it was in part this focus on ‘nervousness’ which allowed timidity to become a scientific problem, and the object of medical enquiry. In *fin-de-siècle* scientific discourse, timidity as a concept was implicated in — indeed, only made sense within — the broader spectrum of interconnected psychopathologies and paradigms preoccupying mental health professionals at the time. These pathologies included obsessions, fears, and phobias as well as diseases of the will, like aboulia: conditions which, in the late nineteenth century, were often explained in terms of hereditary degeneration.²² Timidity was also examined in the light of a range of popular methodologies and therapeutic practices, including physiognomy and hypnotism.²³

Timidity was not only discussed within the domain of psychopathology, however. *Fin-de-siècle* French culture saw timidity treated in other scholarly disciplines, like sociology, and popular forms, such as journalism, indicative of the fluid relations and porous boundaries between disciplines, discourses, and media in the period. Eight years before timidity became a subject in its own right in Dugas’s *La Timidité* (1898), for example, it was the object of sociological discussion in *Les Lois de l’imitation: étude sociologique*, by the criminal judge and sociologist Gabriel Tarde. Identifying the timid individual as one who resists, at least in part, what is called the universal social law of imitation, Tarde states that ‘cette perturbation profonde de tout l’être et cette dépossession de soi qu’on appelle l’intimidation mériterait une étude a part’.²⁴ Timidity also became a recurrent theme in a series of *chroniques* published in the Parisian daily newspaper *Le Journal*, with a particular emphasis on stage-fright (*le trac*) as a debilitating condition abounding in the entertainment industry. These articles postdate Dugas’s publication, and can thus be interpreted as evidence of its impact. Hartenberg, however, is able to draw on three of the *chroniques* in his monograph: one by Hugues La Roux on 4 December 1898, one by Henry Bauër on 23 March 1899, and one by Jules Claretie on 5 July 1899.

These examples, drawn from a range of disciplines and discourses, hint at the way the concept of timidity — although discussed in France for centuries — resonated in the closing years of the nineteenth century. Dugas’s and Hartenberg’s studies further heightened the topicality of timidity at this time and established it as a scientific as much as a moral matter. Both writers pathologized shyness. Yet the following section will show that Dugas’s

(1888–1901)’, *Journal of the History of the Behavioral Sciences*, 37, 2 (2001), 143–64. See also, *A Critical History and Philosophy of Psychology: Diversity of Context, Thought, and Practice*, ed. by Richard T. G. Walsh, Thomas Teo and Angelina Baydala (Cambridge: Cambridge University Press, 2014), pp. 207–08.

²⁰ Michel Foucault, *Histoire de la folie à l’âge classique* (Paris: Gallimard, 2007).

²¹ Goldstein, *Console and Classify*, pp. 331–38.

²² Aboulia was a popular term in the nineteenth century. It was defined in 1892 as ‘a form of insanity characterized by inability to exert the will’ (cited in Berrios, *History of Mental Symptoms*, p. 361).

²³ Paolo Mantegazza, *La Physionomie et l’expression des sentiments* (Paris: Félix Alcan, 1885); Janet, *Les Obsessions*, I, p. 570.

²⁴ Gabriel Tarde, *Les Lois de l’imitation: étude sociologique* (Paris: Félix Alcan, 1890), p. 95.

approach, less affected by the ideologically charged, interventionist agenda present in Hartenberg's monograph, allows him to demonstrate a greater level of tolerance towards, and even appreciation of, temperamental and behavioural difference.

Dugas: *La Timidité: étude psychologique et morale* (1898)

Although he is not widely known today, a 14-line obituary published in *L'Année psychologique* in 1945 described Dugas as the 'doyen des psychologues français'.²⁵ Born in 1857, Dugas trained under Théodule Ribot, and proceeded to publish widely on psychopathology, philosophy, and education.²⁶ The anonymous obituary characterizes Dugas as the author of 'une série d'ouvrages sur la timidité'; indeed, Dugas had identified a fertile line of enquiry in the study of timidity which, from his original monograph *La Timidité* of 1898, led to *Les Grands Timides* in 1922, and *Les Timides dans la littérature et l'art* in 1925.²⁷ Together, these three titles testify to a shift in focus away from timidity as a concept, and towards some of the *timides* who, in Dugas's first study, feature in more intermittent fashion to exemplify specific points (these *timides* include celebrated writers such as Rousseau, Constant, and Stendhal).

The later texts are useful for what they tell us of Dugas's method. Berrios refers to Dugas's *La Timidité* as an 'introspective study, based on the classical psychology tradition',²⁸ but we have to wait until the later volumes to see Dugas himself articulate his approach in these terms. In *Les Grands Timides*, for example, Dugas explains that his research draws on a corpus of first-person testimonials written by self-confessedly timid individuals who have methodically observed and analysed their own experiences of shyness. The practice of psychological self-observation may be subjective, Dugas acknowledges, but 'l'observation psychologique proprement dite, l'*introspection* [...] acquiert une valeur objective par la *comparaison* des résultats qu'elle donne chez les sujets différents'.²⁹ It is the job of the psychologist to amass these observations, compare them, and draw conclusions. Dugas's repeated insistence on this point in *Les Timides* is evidence of introspection's marginalization in psychology,³⁰ and the growing sense of it as a method unable to attain the kind of generality demanded by an increasingly scientific, empirically based, discipline.³¹ Dugas also makes clear his commitment to philosophy in the later volumes, alluding, regretfully, to the

²⁵ Anon., 'Chronique', *L'Année psychologique*, 1945, 665.

²⁶ M. Sierra and G. E. Berrios, 'Introduction to "A Case of Depersonalization"', *History of Psychiatry*, 7, 27 (1996), 451–54 (p. 452). Théodule Ribot was a major French psychologist and psychopathologist who contributed to the establishment of psychology as an autonomous academic discipline in France: see Nicolas and Charvillat, 'Introducing Psychology'; Vincent Guillin, 'Théodule Ribot's Ambiguous Positivism: Philosophical and Epistemological Strategies in the Founding of French Scientific Psychology', *Journal of the History of the Behavioral Sciences*, 40, 2 (2004), 165–81. Ribot's 'physiological' psychology emphasized the importance of affective over intellectual life. Significant publications include *Les Maladies de la volonté* (Paris: Félix Alcan, 1882) and *La Psychologie des sentiments* (Paris: Félix Alcan, 1896); in the latter, Ribot refers to timidity in his section on 'le moi et ses manifestations affectives' (p. 238). Ribot's influence on *La Timidité* is clear, although Dugas pays only cursory attention to the physiological dimension of shyness in his monograph, suggestive of some divergence from Ribot's approach. See Dugas's biographical study of Ribot: 'Un philosophe breton, Théodule Ribot (1839–1916)', *Annales de Bretagne*, 32, 2 (1917), 145–68.

²⁷ Anon., 'Chronique'. Dugas also published articles on timidity: Dugas, 'La Timidité', *Revue philosophique de la France et de l'étranger*, 1896; Dugas, 'La Timidité de Waldeck-Rousseau', *Annales de Bretagne*, 34, 1 (1919), 68–76.

²⁸ Berrios, *History of Mental Symptoms*, p. 273.

²⁹ Dugas, *Les Grands Timides*, iv.

³⁰ Dugas, *Les Timides dans la littérature et l'art* (Paris: Félix Alcan, 1937), i.

³¹ For a study of introspection and its decline as a method in psychology and philosophy, see William Lyons, *The Disappearance of Introspection* (Cambridge, MA: MIT Press, 1986).

disciplinary splits between philosophy and psychology which we have already seen Hartenberg endorse:

Un peu de philosophie ne nuit pas à l'étude des menues questions de psychologie, comme est celle de la timidité; elle les relève, elle en montre la signification et la portée; elle aide même à les résoudre; il n'est pas nécessairement vrai qu'elle ne serve qu'à les compliquer et à les fausser.³²

Timidity may be a minor malady, but, Dugas argues, if approached in the correct way, it can illuminate a host of related psychological problems. The structure of *La Timidité* reflects this potential reach: Chapter One provides definitions of timidity and explores both its individual and societal causes; Chapter Two describes the form of spontaneous or raw (*brut*) shyness exemplified by stage-fright; Chapter Three furthers this discussion in relation to the concepts of temperament and mood; and Chapters Four and Five focus on the processes by which the shy subject analyses, and seeks to justify, his timidity.³³ Chapter Six focuses on 'special cases' of timidity, namely practical, intellectual, and sentimental timidity, and Chapter Seven examines the moral aspect, offering conclusions about whether and, if so, how, timidity should be cured.

Although Dugas claims that his first prerogative in *La Timidité* is to define the concept of timidity clearly, the reality is that a chain of differently nuanced definitions unfurl from chapter to chapter; it is, therefore, through a combination of definitions that a sense of what Dugas means by timidity emerges. Despite its etymological origins in the Latin *timor*, timidity is neither fear nor a fearful disposition. It is similar to fear ('un sentiment voisin, mais différent de la crainte', *T*, 3), but while fear can only be caused by real and mortal danger (*T*, 2), timidity is the apprehension of discomfort in the company of others: unlike fear, timidity can only operate in society. In essence, Dugas states, this apprehension manifests itself as a temporary disorder of one or more of the three faculties constituting the mind in terms of nineteenth-century faculty psychology: the will, the intellect, and the emotions (*T*, 4).³⁴ We thus see that timidity is viewed from the outset in terms of a mental disorder, even mental illness — a term Dugas will explicitly employ in 1922 ('la timidité est une des maladies mentales qui se prêtent le mieux à l'analyse').³⁵ The tripartite schema which Dugas adopts allows him to structure the first chapter by faculty, and thus explore timidity in its multiple modes. First, Dugas notes, the timid individual may be subject to disorders of the will which render him momentarily incapable of producing voluntary movements.³⁶ That this

³² Dugas, *Les Grands Timides*, viii.

³³ It will become apparent to the reader that both Dugas and Hartenberg are principally concerned with the male *timide* in their studies. This is evidence of the way 'shyness norms' were constructed along gender lines in the period: shyness did not correspond to culturally determined ideals of masculinity and was thus problematic for men, but it could be read as a natural, and healthy, function of femininity. This asymmetry will be discussed further in relation to Hartenberg's monograph.

³⁴ For a useful discussion of faculty psychology and key nineteenth-century psychological concepts more generally, see Berrios, *The History of Mental Symptoms*, pp. 17–19; 419–42. On the gradual decline of interest in the will in psychology and psychiatry, linked to the rise of experimentalism, behaviourism, and psychoanalysis, Berrios notes: 'The "will" no longer plays a role in psychiatry and psychology. A hundred years ago, however, it was an important descriptive and explanatory concept, naming the human "power, potency or faculty" to initiate action', p. 351.

³⁵ *Les Grands Timides*, v. Dugas argues that those who are shy tend towards introspection and self-analysis, producing written testimony of great use to the psychologist seeking to understand their condition: '[...] ceux qui en sont atteints étant ou pouvant être des sujets extraordinairement lucides et de plus, étant tous naturellement enclins à l'observation attentive et minutieuse de leur cas' (v).

³⁶ The categories of the voluntary and the involuntary underpinned much nineteenth-century psychological and psychiatric thought, see *Paradigmes de l'âme: littérature et aliénisme au XIX^e siècle*, ed. by Jean-Louis Cabanès, Didier Philippot, and Paolo Tortonese (Paris: Presses Sorbonne Nouvelle, 2012), chapter 1, 'La

state is aligned by Dugas in *La Timidité* with aboulia, a diminished ability to initiate actions and thoughts, and even parabolia — a state in which the will is perverted, which can lead to crime — is characteristic of the way timidity borders on the insane and the deviant throughout the text, whether by association or analogy (*T*, 4). For example, while timidity can present, unobtrusively, as the paralysis of the will — Dugas uses the example of a young man in a salon desiring, but unable, to leave (*T*, 4) — it can also result in a dysfunctional motor system which leaves the timid individual unable to temper his behaviour in line with convention: ‘Quand il n’est pas anéanti ou stupide, le timide est comme agité ou fou. [...] Comme on a retrouvé chez certains timides les traits du caractère de l’aboulique, on retrouverait chez d’autres les traits du caractère de l’hystérique’ (*T*, 6).³⁷ By connecting seemingly antithetical characteristics, Dugas casts timidity as a shape-shifting condition which, whether through its gestural insufficiencies or excesses, has the potential for social disruption.

Paralysis does not only affect the will in Dugas’s schema, but also cognition: certain modes of timidity thus manifest themselves as stupidity, or intellectual stupor: ‘ce qu’on nomme vulgairement l’absence’ (*T*, 7). Dugas is clear that to be timid is not to be unintelligent; rather, the attacks of timidity he evokes result from fleeting failures or meltdowns of the intellectual function. This distinction hints, implicitly, at the potential illegibility — even duplicity — of the timid individual, a theme pursued in later chapters: shy people are rarely what they seem, resisting easy identification and interpretation. As an example, Dugas evokes a young boy, intimidated by his schoolmaster: ‘Combien d’hommes, et non seulement d’écoliers, passent de même pour butors, et ne sont que timides!’ (*T*, 7–8). In Dugas’s tripartite model, the third type of timidity affects the emotions: again, ‘la timidité affective’ is translated either by a complete loss of feeling (*T*, 8), or by a ‘chaos’ of contradictory sentiments which overwhelm the sufferer (*T*, 12). Sentimental stupor, particularly of the first type, is again described as absence (*T*, 15), or annihilation (*T*, 14). Dugas is keen to stress that while timidity is certainly the effect of a volitional, intellectual, or sentimental malfunction, the sufferer must be fully conscious of this malfunction for such symptoms to amount to timidity. Timidity takes place as a subjective, *self-conscious* state of suffering: ‘Être gauche sans savoir qu’on l’est, c’est n’être que lourd ou maladroit; être gauche et savoir qu’on l’est, et souffrir de l’être, c’est là ce qu’on appelle proprement timide’ (*T*, 17). A certain level of self-awareness is thus necessary, Dugas asserts, for the production of ‘true’ timidity.

Alongside the tripartite structure of will, intellect, and emotion underpinning Dugas’s *La Timidité*, a bipartite structure is also evident in the distinction between the momentary fit (*accès*) of timidity — *la timidité brute* — and the cumulative effect of repeated attacks which leads to a chronic state or diathesis (*T*, 24). Drawing on the concept of temperament widely used in the nineteenth century,³⁸ Dugas suggests that the timid individual is often an ‘impressionable’ for whom the universal need for understanding and respect is particularly acute (*T*, 52). Dugas describes the timid man as ‘à la merci de ses nerfs. Il est avide de sympathie et douloureusement sensible à l’antipathie [...]. Sa volonté et son jugement sont sans prises sur ses sensations. Au point de vue affectif, il est un enfant’ (*T*, 60). While those with an impressionable, nervous temperament often become *timides*, it is not inevitable that

Volonté et l’involontaire: l’exemple de l’automatisme’, pp. 23–37; and Gill, ‘Self-Control and Uncontrollable Passion’, p. 464.

³⁷ For a history of male hysteria of relevance to this chapter, see Mark S. Micale, *Hysterical Men: The Hidden History of Male Nervous Illness* (Cambridge, MA: Harvard University Press, 2008).

³⁸ For a discussion of nineteenth-century views of the ancient concept of temperament, see Berrios, *The History of Mental Symptoms*, p. 420. Temperament is still a working concept in contemporary psychology, see Jerome Kagan, *Galen’s Prophecy: Temperament in Human Nature* (New York: Westview Press, 1994).

this will occur. Rather, persistent timidity is the result of repeated bouts of mental faculty dysfunction which, over time, either through the ‘affective memory’ of past attacks (here Dugas draws on Ribot’s *Les Maladies de la mémoire* (1881)) or sustained reflection on these attacks, develop into a chronic condition (*T*, 24–26). Timidity tends to appear in highly sensitive, weak-willed individuals, akin to children, but ‘il n’y a point proprement, à l’état naturel, de *timidité*, il n’y a que des accès d’*intimidation*’ (*T*, 69).

From the point of view of French literary and cultural history, the notion of ‘systematic’ timidity elaborated in Chapters Four and Five of *La Timidité* provides one of the richest elements of the study. These two chapters are devoted to an exploration of the psychological mechanisms through which those who suffer from timidity analyse, justify, and complicate it. In these chapters, Dugas paints a highly ambivalent picture of an individual who makes a habit of his timidity and, by doing so, condemns himself to ‘l’isolement moral’ (*T*, 71). Living alone, the *timide* turns to self-analysis to compensate for the lack of satisfactory interpersonal interactions he is able to conduct in reality. Building on Adam Smith’s conceptualization of reflection as the splitting of the self,³⁹ Dugas describes the *timide* as both the actor and spectator in the drama of his life (*T*, 72). This state certainly has negative effects: adopting the moralizing vocabulary announced in the title of his study, Dugas discusses the egotism (*T*, 72), anti-socialness (*T*, 76), and duplicity it can result in (*T*, 110–14). The timid individual develops two co-existing modes of existence: one sincere, but private, and another public, but false, developed from a reluctance, or inability, to reveal the former to others. Listing examples of the lies his research has uncovered, Dugas evokes the ‘*manie de simulation*’ the *timide* can develop (*T*, 112), and his propensity to wallow in ‘le mensonge paradoxal et fou’ (*T*, 113). Yet, in keeping with the curious blend of sympathy and stigmatization evident in *La Timidité*, Dugas is not uniformly critical of these ruses. Rather, they are framed as an understandable consequence of the underlying dissatisfaction with the material world felt by those who struggle to socialize. Dugas identifies what he calls the ‘*maladie de l’idéal*’ (*T*, 82) in many of the sufferers he studies. This is clearly considered a disease and a deviation from what it is to be healthy. Yet there is, nonetheless, a sense of empathy and even admiration present in the way Dugas describes those who withdraw from the disappointments of everyday life to exist in the better world of their imagination.⁴⁰

La Timidité is presented as a work of psychology, but its findings derive from a select corpus of literary writings rather than from clinical or experimental research.⁴¹ Dugas’s cultural references stretch back as far as Virgil and Horace, but his allusions are primarily to works from the eighteenth and nineteenth centuries. While there are exceptions, he draws principally on life-writing (diaries, correspondence) and Romantic or post-Romantic literary forms (lyric poetry, the *roman intime*), frequently interpreting the latter in an autobiographical light: the monograph thus interchangeably cites excerpts from Rousseau’s

³⁹ Dugas provides no reference here, but it is likely he is alluding to *The Theory of Moral Sentiments*, III.1.6, in which Smith writes that ‘when I examine my own conduct [...] it is evident that, in all such cases, I divide myself, as it were, into two persons’, Adam Smith, *The Theory of Moral Sentiments* (Cambridge: Cambridge University Press, 2002), p. 131.

⁴⁰ This mixture of understanding and admiration is evident, for example, when Dugas writes that ‘Le timide reste d’ailleurs en partie fidèle à son rêve d’une société idéale et d’une intimité entière. [...] Il est donc un utopiste en affection [...]. Si les affections réelles viennent à lui manquer, il se crée une société idéale, celles des livres’ (*T*, 94–95), or, ‘Le caractère timide ne peut être érigé sans doute en idéal moral; mais il a néanmoins sa moralité et ses vertus propres’ (p. 146).

⁴¹ Literary analysis was a common feature of psychiatric and psychological treatises in this period, in part due to the influence of Max Nordau’s *Dégénérescence* (1894), which interpreted the preoccupations of certain *fin-de-siècle* European writers as manifestations of disease. For a recent study of the relationship between medicine, the life sciences, and literature in the modern era, see *Médecine, sciences de la vie et littérature*, ed. by Dumasy-Queffélec and Spengler (Geneva, Droz: 2013).

Confessions (1782) and diaries by Vigny, Amiel, and Bashkirtseff alongside extracts from Fromentin's *Dominique* (1862), Ackermann's *Poésies philosophiques* (1874), and Bourget's *Le Disciple* (1889). The autobiographical emphasis to the corpus and subsequent analysis suggests that Dugas is ultimately less interested in the literary qualities of the passages he cites, and more in what they might reveal of the lived, embodied, reality of shyness palpable beneath the surface of the text: working within a hermeneutic paradigm rendered increasingly problematic in the twentieth century, Dugas sees in the writing he selects a way to access, more or less directly, the timidity experienced by the writer. Early on in his monograph, for example, Dugas uses an extract from Constant's *Adolphe* (1816) to support his observation that shy individuals often suffer from an acute sense of physical malaise when subjected to another's gaze. Dugas insinuates that Constant must have been familiar with this sensation himself: 'Benjamin Constant prête à son Adolphe, qui est un type de timide, ce trait de caractère trop particulier, trop précis pour être inventé' (*T*, 33). By this logic, which downplays any imaginative capacity on Constant's part, the nervous agitation Adolphe experiences at the sight of the human form can legitimately serve as proof that shyness is an affliction with a significant, but not exclusive, physiological element (*T*, 33). Constant also features prominently in Dugas's later works on timidity. These heavily biographical studies, structured around individual personalities such as Chateaubriand, Stendhal, and Mérimée, attempt to fashion what — inspired by Sainte-Beuve's literary criticism — Dugas refers to as a "collection" ou mieux une "famille naturelle" d'esprits, — les timides, — caractérisée par des individus de choix'.⁴²

In *La Timidité*, Dugas reads the striking, and similar, depictions of shyness in his chosen writers' work as evidence of universal psychological phenomena. Today, we might critique his conclusions by emphasizing the way in which these depictions are mediated through shared, culturally and historically embedded, literary structures, or by underlining the unrepresentative nature of the sample he draws on: male writers significantly outnumber female writers in his corpus, for example. Moreover, by limiting himself to a group of highly literate individuals, Dugas neglects to examine the way timidity might manifest itself beyond the parameters of this privileged world. Yet the links Dugas identifies between shyness and literature are nonetheless significant in nuancing his assessment of the consequences of long-term timidity. Indeed, one constructive consequence of timidity, Dugas proposes, is its ability to facilitate literary or intellectual vocations (a circular argument, admittedly, in light of the methodological issues outlined above). Referencing Rousseau and Vigny, and drawing on the age-old — and androcentric — binary distinction between the 'man of action' and the 'man of contemplation',⁴³ Dugas suggests that timidity, 'qui est une inaptitude à la vie pratique, devient par là même une prédisposition à la vie imaginative et à l'art' (*T*, 143). Moreover, 'les défauts du timide, le souci de la perfection, la maladie de l'idéal, se transforment en qualités pour l'artiste' (*T*, 146).⁴⁴ Dugas's balanced approach to the benefits and obstacles timidity brings, however, does not preclude his ultimate conclusion that while timidity may be the trigger for an artistic vocation, it becomes useless once this trigger has taken effect.

The delineation of timidity's tipping-point reflects the ambivalence which lies at the heart of Dugas's assessment. As a momentary, fleeting attack, timidity is acceptable. Timidity can be compatible with healthy psychic functioning and, in specific contexts, even generate it: the gradual overcoming of timidity as a child, for example, helps to develop genuine confidence and ease as an adult as well as, in certain cases, a creative or intellectual impulse. Timidity also facilitates the development of modesty, and deepened and authentic

⁴² Dugas, *Les Grands Timides*, i–ii.

⁴³ Cain, *Quiet*, p. 269.

⁴⁴ Gabriel Tarde also make a connection between shyness and creativity, suggesting that the true innovator is essentially anti-social, or rather, 'supra-social' (Tarde, pp. 95–97)

knowledge of the self.⁴⁵ When considered in retrospect, the occasional attack of timidity is ‘la crise normale par laquelle doit passer l’organisation des fonctions psychiques’ (T, 141); ‘la condition du perfectionnement individuel’ (T, 142). But in contrast to this narrative of timidity as a productive rite of passage, Dugas also emphasizes its other: a chronic state of suffering which ultimately harms even the artist.⁴⁶ The final section of *La Timidité* considers the methods through which education can prevent or cure this affliction. Two principal strategies emerge: first, what Dugas, after the eighteenth-century moralist Vauvenargues, calls familiarity (T, 152), and, second, a process of reasoning (‘un traitement rationnel’, T, 156). The first strategy, suited to simple forms of timidity, centres on spending time in society and gaining experience of it, based on the premise that ‘la vie n’effraie que ceux qui l’ignorent’ (T, 154).⁴⁷ For what is labelled the moral disease of chronic timidity, however, Dugas proposes a logical exploration of the condition: this will reveal to the sufferer that the excuses he has made for his timidity are, in reality, built on a series of irrational, chimerical arguments. An acknowledgement of this is the first step towards dislodging the timid individual’s fixation on his own condition: ‘On ne peut être logiquement timide. La raison fait donc évanouir la timidité, par cela seul qu’elle s’en rend compte’ (T, 156). Much as the sufferer feels an absence of volition, intellect, or emotion during an attack of timidity, timidity is ultimately forced to absent *itself* in the final pages of the book — cure, disturbingly, by denial. Such a loss, Dugas suggests, adopting a lexicon of male sexual health, is compensated for ‘par le gain des vertus viriles’ (T, 160); the sufferer, ‘que la timidité stérilise’ (T, 160–61), is finally able to assume an active role in the functioning and, by implication, reproduction of society.

Dugas’s use of the imagery of sexual health is not developed explicitly in his study; nor does he focus in any sustained way on the advantages of a society in which timidity is absent, choosing instead to emphasize the importance of confidence for individual flourishing. Yet Paul Hartenberg’s more overtly normalizing *Les Timides et la timidité*, published three years later, stresses both these aspects. The third part of this chapter turns to this text.

Hartenberg: *Les Timides et la timidité* (1901)

Hartenberg was born in Wolxheim (Bas-Rhin) in 1871. He pursued his medical and psychiatric training at the Faculty of Nancy, and later established a medical practice in Paris, specializing in mental illnesses.⁴⁸ Hartenberg’s exploration of timidity positions itself in

⁴⁵ As Dugas writes, ‘enfin on pourrait faire honneur à la timidité de certaines qualités morales, [...] de la pudeur des sentiments, de la sincérité dans l’examen de soi-même’ (p. 146).

⁴⁶ The extremely shy artist will produce work too far removed from reality, too idiosyncratic, to be considered art in a meaningful way: ‘Enfin la timidité exerce sur les conceptions de l’artiste une influence funeste: elle développe en lui, comme on l’a montré, le goût du romanesque, du subtil et du raffiné; elle l’éloigne donc du but véritable de l’art, si bien marqué par le mot profond de [Johann Heinrich] Merck sur Goethe: “Ta tendance, la voie dont tu ne saurais t’écarter consiste à donner au réel une forme poétique: les autres cherchent à réaliser ce qu’ils appellent le poétique et l’idéal, et ne font rien qui vaille”’ (p. 149).

⁴⁷ As Dugas summarizes, ‘la familiarité dont parle Vauvenargues est ce contact direct des personnes et des choses qui remet nos jugements au point, qui dissipe les fantômes de notre imagination, et fait évanouir nos craintes folles’ (p. 154).

⁴⁸ Fairbrother, ‘The Treatment of Social Phobia’, p. 1292. For a history of psychiatry in France, see Shorter, *History of Psychiatry*, pp. 81–87. As Shorter notes, psychiatric training was conducted in asylums for most of the century in France; it was only in 1877 that a government decree announced that the four main medical faculties (the Sorbonne, Lyon, Nancy, and Marseille) would offer specialist psychiatric teaching (p. 84). For further biographical and bibliographical information about Hartenberg, see ‘Paul Hartenberg’, in *Dictionnaire de biographie française*, ed. by M. Prévost, Roman d’Amat, and Tribout de Morembert (Paris: Letouzy et Ané, 1986), XVII, 686. See also, Alain de Mijolla, *Freud et la France: 1885–1945* (Paris: Presses universitaires de

relation, and in certain ways in *opposition*, to Dugas's 1898 study ('récente, mais bien incomplète et bien obscure').⁴⁹ Indeed, Hartenberg begins his 1901 monograph by explicitly outlining his distance from the faculty theory and 'méthode introspective pure' adopted by Dugas (*TT*, vi). Rejecting the dualism of classical philosophy palpable in Dugas's work, Hartenberg insists on a materialist view of mind and body, identifying the brain and nervous system, rather than the mind or soul, as the objects of his enquiry (*TT*, vii). For Hartenberg, explicitly adhering to the James-Lange theory of emotions, the physiological manifestations of timidity are inseparable from the psychological, and equally significant (*TT*, x). His study thus adopts a complex methodological approach, which marries clinical observation and examination ('par le palper, la percussion, l'auscultation', *TT*, xiii) with first-person case histories, surveys, literature reviews, and experimental research.

Yet while Hartenberg appears dismissive of Dugas's subjective methods and eloquent writing style (*TT*, xv), it would be wrong to suggest that he disregards the conclusions Dugas derives from his research. Hartenberg may actively seek to 'correct' Dugas's introspective study ('où la partie physiologique et clinique fait entièrement défaut', *TT*, xiv), but he does nonetheless draw on much of Dugas's material, to the extent of citing entire pages from *La Timidité* at a time. Like Dugas, he identifies literature as a fertile source of material for his scientific investigations (*TT*, xiv). As well as lifting literary examples directly from Dugas's study, Hartenberg broadens the range of writing and writers to be viewed through the prism of timidity, most distinctively by including works with a decadent or proto-decadent aesthetic. Baudelaire's prose poem 'Le Mauvais Vitrier', from *Le Spleen de Paris* (1869), for example, is incorporated into a section on the 'décharges explosives' (*TT*, 93) from which shy individuals periodically suffer: the poet-narrator's musings on the strange surges of energy and recklessness which visit his otherwise shy friend ('timide [...] à ce point qu'il lui faut rassembler toute sa pauvre volonté pour entrer dans un café') merge with the voice of the medic who likens these surges to attacks of epilepsy or hysteria (*TT*, 93–94). Hartenberg singles out Philippe from Maurice Barrès's *Le Culte du moi* (1888–1891) as an inspirational example of an individual overcoming his timidity, claiming that 'les livres de Maurice Barrès, tant goûtés par les jeunes gens, ne sont autre chose que des manuels d'auto-thérapie de la timidité' (*TT*, 225).⁵⁰ He even alludes to the recent publication of a novel of his own, *L'Attente* (1901), in which the thematic and stylistic traces of these works can be read (*TT*, 122). In this light, it is perhaps most accurate to consider Hartenberg's study as an amplification and a reemphasis of Dugas's findings. And this reemphasis, as we shall see, is more ideologically charged: anxious about the societal implications of the confidence — or lack of it — of French citizens, and infused with the spectre of degeneration and decadence haunting *fin-de-siècle* France.

Les Timides et la timidité is divided into six chapters. Chapter One focuses on definitions of timidity. While Dugas approached timidity as a faculty malfunction, Hartenberg treats it as an *emotion* composed of both psychic and somatic elements:

France, 2010).

⁴⁹ Paul Hartenberg, 'Bulletin: La Timidité', *Revue de psychologie clinique et thérapeutique*, 3, 2 (1899), 33–42 (p. 34).

⁵⁰ It was Hartenberg's willingness to analyse fictional representations of timidity alongside autobiographical material — like Dugas — which earned him this rebuke from Alfred Binet: 'Jean-Jacques [Rousseau] a réellement vécu, et ce sont là des interprétations possibles; mais examiner avec le même sérieux le Julien de Bourget, attester d'un ton grave que ce personnage imaginaire qui n'a vécu que d'une vie de roman est "avant tout un neurasthénique constitutionnel", voilà des affirmations qui ne peuvent passer qu'avec un grain de sel, et notre auteur paraît tout à fait sérieux', Alfred Binet, 'Hartenberg, *Les Timides et la timidité* [compte rendu]', *L'Année psychologique*, 8, 1 (1901), 510–13 (pp. 512–13).

L'émotion [de timidité] est un état complexe de trouble, de confusion, d'embarras, d'hésitation, de crainte, de scrupule, de pudeur, etc., qui [...] s'accompagne de manifestations plus ou moins marquées, telles que battements de cœur, angoisse, sueur froide, tremblement, rougeur du visage, etc. (*TT*, 3)⁵¹

At root, Hartenberg continues, this 'complexus émotionnel' is a combination of two more fundamental emotions: fear and shame (*TT*, 3). Adopting a distinction similar to that of Dugas, and one which will motivate the structure of the study as a whole, Hartenberg separates the isolated attack of timidity from the timid individual who is gradually shaped by the experience and memory of these attacks (*TT*, 8). While timidity is the emotion, the *timide* is the individual who is inclined to suffer this specific emotion in social situations, and whose 'interparoxystique' mental state is affected as a result (*TT*, 9). Chapter Two proceeds to analyse the fit of timidity in greater detail, focusing on its sensory, motor, vascular, visceral, secretory, and psychic symptoms (*TT*, 21–36). Chapter Three explores the character of the timid individual: a distinction is made between the natural hypersensitivity of the *timide* (*TT*, 54), and the consequences of the crises of timidity. These consequences, Hartenberg argues, begin to take effect once the individual becomes aware of himself as timid — usually in the early stages of puberty (*TT*, 58) — and, in certain unfortunate cases, starts to *cultivate* his timidity. These effects are all negatively coded, and include sadness, misanthropy, and the 'maladie de l'idéal' (after Dugas), egotism and dilettantism, and affected and at times rash behaviour.

It is in Chapter Four, however, that the concept of timidity becomes explicitly enmeshed in a network of cultural beliefs and socially established distinctions pertaining to gender, sexuality, and race. Focusing on the aetiology and evolution of timidity, Hartenberg outlines gender as a key factor determining the effect shyness has on the sufferer: in doing so, he sheds light on the conspicuous lack of female presence in Dugas's study, in which only a handful of references are made to female writers (Louise Ackermann, George Eliot, Marie Bashkirtseff). Hartenberg holds that while the physiological manifestations of timidity are almost identical in men and women, the psychic and social consequences of these manifestations differ widely. At root, these differences reflect the relative levels of passivity and activity each sex is expected and encouraged to present in society. For the nineteenth-century woman, less obliged to 'payer de sa personne' or initiate action in public (*TT*, 128), 'la paralysie émotive de la timidité l'entrave moins et, partant, la préoccupe moins' (*TT*, 128). While attacks of timidity may be momentarily unpleasant for women, Hartenberg suggests, they rarely lead to more complicated psychic consequences since shyness is compatible with a traditional vision of feminine modesty and chasteness. As a result, and paradoxically, female displays of timidity can function as a useful means of sexual attraction (*TT*, 129). Shyness is thus naturalized and normalized for the female, evidence of how, as McDaniel argues, 'shyness norms [...] have often been used to support hierarchies of gender'.⁵² In other words, the presumption of timidity in women can be used to justify their exclusion from the public sphere. Tellingly, however, Hartenberg does admit that timidity can become a cause of conflict for independent women: 'Plusieurs femmes menant, il est vrai, une existence indépendante, m'ont déclaré avoir, à maintes reprises, pleuré de rage contre leur timidité' (*TT*, 130).

⁵¹ Hartenberg frequently refers to *angoisse*, or at times *anxiété*, as a symptom of shyness, indicative of his interest in Freud's early work on the anxiety neurosis (*angstneurose*). However, Hartenberg's initial enthusiasm for Freud's ideas will later transform into marked hostility towards psychoanalysis; see Mijolla, pp. 63, 119, 249–50.

⁵² McDaniel, *Shrinking Violets*, p. 21.

Timidity is not construed as a cause for concern for (dependent) women, then, but rather as a function of their femininity. It is instead for men that shyness becomes problematic, severely reducing their bodily and mental health and, as both cause and effect of this, their social status. Hartenberg's study repeatedly affirms the need for men to succeed socially, promoting a distinctly Darwinian conception of life in which men exist in a state of perpetual struggle, embroiled in 'les conflits quotidiens de la concurrence vitale' (*TT*, 218); 'la lutte pour la vie ou la conquête sexuelle' (*TT*, 130).⁵³ Heightened sensitivity to a sense of dignity and honour (*TT*, 129), coupled with difficulty in succeeding in professional and personal life, can, Hartenberg suggests, engender a whole spectrum of interconnected pathologies in timid males (*TT*, 51–52; 124; 145–53). These range from the phobia of blushing (erythrophobia) (*TT*, 130; 192–213) to the sexual practices of onanism ('une sorte d'égotisme sexuel', *TT*, 153) or pederasty (an 'inversion[s] sexuelle[s] acquise[s]', *TT*, 154), and severe alcohol and drug abuse (*TT*, 210; 238–39).⁵⁴

In addition to linking timidity with gender and sexuality (as either cause or effect), Hartenberg suggests that timidity is racially determined. He identifies people of Slavic and Germanic origin as naturally timid (contradicting the opinion of Max Nordau, he adds, on the subject) (*TT*, 132), along with the Celts (agreeing with Ernest Renan on this point) (*TT*, 133). While the 'peuples latins' (*TT*, 132) of the Mediterranean are much more expansive, the 'Anglo-Saxons' are, surprisingly, the least inclined to timidity for Hartenberg, who explicitly contradicts Stendhal's description of bashfulness as one of the 'vices anglais' (*TT*, 131). Instead: 'Sanguins, vigoureux, doués d'un tonus musculaire élevé — ce qui est un obstacle à l'impressionnabilité nerveuse — ils [les Anglo-Saxons] marchent à travers les hommes avec, dans les regards et dans les gestes, une assurance résolue et une confiance dans l'efficacité de leurs forces' (*TT*, 131). Next to this imposing image of English physical and psychological prowess, Hartenberg paints a more measured picture of the modern French people who, viewed as a collective, are positioned naturally between the two extremes of severe reticence (exemplified by the Slavs) and utter expansiveness (epitomized by the southern Europeans or Anglo-Saxons): 'Il y aurait chez lui [le Français] à peu près équilibre entre la sensation interne et la manifestation externe' (*TT*, 133).

This rather guarded description of the 'natural' French temperament in a book aimed primarily at a French readership is intriguing. It points to the position Hartenberg negotiates in *Les Timides* between a scientific commitment to heredity as the principal cause determining timidity in an individual (*TT*, 134–44), and a belief that medical and educational intervention can be effective in curing or, better still, preventing, pathological forms of it from developing. That is, by positioning French subjects as relatively, but not exceptionally, timid, Hartenberg suggests that certain French subjects may indeed inherit a disposition to

⁵³ On differences between the Lamarckian and Darwinian theories of evolution, and the role of conflict therein, see Nye, *Crime, Madness, and Politics in Modern France*, pp. 119–24 and *The Reception of Charles Darwin in Europe*, ed. by Eve-Marie Engels and Thomas F. Glick (London; New York: Continuum, 2008), II, especially chapter 17, 'The Interminable Decline of Lamarckism in France'. For further discussion of the complex scientific, cultural, and literary reception of Darwin in France, see *The Literary and Cultural Reception of Charles Darwin in Europe*, ed. by Thomas F. Glick and Elinor Shaffer (London: Bloomsbury, 2014), IV, especially Part 7.

⁵⁴ For discussion of the discourses surrounding sexual health in nineteenth-century France, see Michel Foucault, *La Volonté de savoir* (Paris: Gallimard, 2001); also Nye, *Masculinity and Male Codes of Honor in Modern France*, chapter 10, on the connections between virility, honour, and courage within the gendered discourse on heroism at the *fin de siècle*. Foucault alludes to historical assumptions surrounding timidity and sexual deviance when he writes that nineteenth-century social science 'declared the furtive customs of the timid [...] dangerous for the whole of society' (cited in Nye, *Crime, Madness, and Politics in Modern France*, p. 165). On erythrophobia in the nineteenth century, consult *Histoire de la vie privée*, ed. by Philippe Ariès and Georges Duby (Paris: Seuil, 1985), IV, pp. 450–51; on the blush more widely, see Paul White, 'Reading the Blush', *Configurations*, 24, 3 (2016), 281–301.

timidity, but that it is, generally, mild enough in them to be rectified. This position allows Hartenberg to highlight the real dangers that (male) timidity, if unchecked, poses to both individual and national health, but also the possibilities open to medical and educational professionals to intervene and help fashion a France in which everyone comes to play his (or her) part. As Hartenberg concludes:

quoi qu'on dise, les voluptés intérieures du dilettantisme et de la création d'art ne saurait suppléer entièrement aux satisfactions que procurent l'activité et l'effort parmi la collectivité humaine. La pensée et le rêve ne remplacent pas l'action et la vie. [...] Au degré d'évolution sociale atteint par l'humanité du XX^e siècle, c'est dans la vie collective que l'individu normal de notre race puisera ses meilleures distractions et ses satisfactions les plus saines. (*TT*, 263–64)

While not as anxiety-inducing or suspicious as the criminal or prostitute, it is possible to see how the timid individual — anti-social by very definition — could become grouped together with the figures of social deviance which populated the French imagination at the turn of the twentieth century.⁵⁵ In the journal co-edited by Hartenberg and his fellow psychiatrist Paul Valentin, the *Revue de psychologie clinique et thérapeutique*,⁵⁶ Valentin clarifies the threat posed by those ‘natures problématiques’⁵⁷ who suffer from ambiguous complaints, like shyness, not (yet) severe enough to warrant confinement in an asylum: ‘Les malades soignés dans nos cliniques privés de maladies nerveuses et mentales sont les uns les aliénés en voie de devenir, les autres les psychonévropathes plus ou moins gravement atteints’.⁵⁸ Quoting the psychiatrist Richard Von Krafft-Ebing, Valentin continues:

“Ces hommes ne sont pas encore des fous, mais il y a chez eux quelque chose qui cloche”. [...] N’ont-ils pas [ces malades], sous des dehors impérieux, *équivoques* ou séduisants, l’influence la plus délétère sur un grand nombre de ceux qui, de près ou de loin, sont contraints à les subir?⁵⁹

Likewise, Hartenberg’s own rhetorical flourishes in the closing pages of *Les Timides* outline a normative vision of society in which seemingly minor behavioural differences — in this case, shyness and solitariness — equate with abnormality and ill-health. And, in an effort to halt the progression and potential spread of morbid timidity, Hartenberg suggests a number of therapeutic treatments which further hint at the sinister turn his utopian dream of human collectivity and uniformity will take later in the twentieth century. Many of the suggestions Hartenberg makes seem legitimate, to the extent that Fairbrother sees in them a prescient forerunner of Cognitive Behavioural Therapy.⁶⁰ He suggests dramatically improved education, contrasting the poor hygiene, mental overloading, and lack of physical exercise characteristic of French schools with the English model in which ‘la vie physique, la liberté,

⁵⁵ For example, images of prostitution abounded in *fin-de-siècle* French visual art (see work by Degas and Toulouse-Lautrec), while fiction by Zola, amongst others, engaged in representations of criminality; see *Thérèse Raquin* and the Rougon-Macquart cycle (e.g. Jacques Lantier, Roubaud).

⁵⁶ For a useful study of this short-lived but significant journal, consult J. Postel, ‘Une tentative à méditer. Histoire de la première revue française de psychologie médicale 1897–1901’, *Psychologie médicale*, 3, 5 (1971), 645–56.

⁵⁷ Paul Valentin, ‘Bulletin’, *Revue de psychologie clinique et thérapeutique*, 5, 1 (1901), 1–8, (p. 4).

⁵⁸ Valentin, ‘Bulletin’, p. 2.

⁵⁹ Valentin, ‘Bulletin’, pp. 4–6, my emphasis. The first sentence in this quotation, “Ces hommes ne sont pas encore des fous, mais il y a chez eux quelque chose qui cloche”, comes from Von Krafft-Ebing, *Traité clinique de psychiatrie* (Paris: A. Maloine, 1897), p. 40.

⁶⁰ Fairbrother, ‘The Treatment of Social Phobia’, pp. 1293, 1303.

l'initiative, tiennent la première place' (TT, 218).⁶¹ At the individual level, his vision of 'auto-thérapie' or self-help stresses the importance of motivational reading, exemplified, through the means of fiction, by Julien Sorel's repeated rereading of Napoleon's *Mémorial de Saint-Hélène* in *Le Rouge et le Noir* (and thus offering the reader two examples of inspirational texts) (TT, 223). It also emphasises the importance of early socialization, and strategic props or activities to give the sufferer confidence in public (holding an umbrella, smoking a cigarette, whistling) (TT, 223–31). Possible medical treatments include improved hygiene and diet and 'verbal suggestion', as well as hydrotherapy, massage, and electrotherapy, all prescribed or administered by a specialist psychiatric doctor (TT, 231–37).

Fairbrother does not mention Hartenberg's recommendation of electrotherapy in her appreciative, but decontextualized, exploration of *Les Timides et la timidité*. By presenting shyness as a discrete phenomenon, she similarly fails to mention Hartenberg's hypothesis that the most serious forms of timidity are linked to the organic defects of congenital degeneration (TT, 214–16); that timidity can, as Valentin's comments also suggest, be indicative of a more severe, underlying problem. Degeneration, or *dégénérescence*, was a mid-nineteenth-century psychological theory of inherited (mal)adaptation to unhealthy environments, with roots in Lamarckian evolutionary and heredity theory. As explored by Nye and Pick, degeneration quickly surpassed its original function as a clinical diagnosis to become a compelling means of explaining the many societal ills with which France was seen to be afflicted in the aftermath of the Franco-Prussian war (slow population growth, increasing alcoholism, and the spread of syphilis and tuberculosis).⁶² For Hartenberg, the prevention of timidity merges with 'la lutte contre la dégénérescence' (TT, 217). To ensure a national population as high in quality as in quantity — thus in which chronic timidity is eliminated — parents who have themselves suffered from timidity should do their utmost to create the right environmental conditions for 'la procréation d'enfants normaux, sains, équilibrés et calmes' (TT, 217). This, Hartenberg claims, will help stem the tide of degeneration. More disturbingly, he adds:

À cet égard, on ne peut qu'applaudir aux projets surgis de divers côtés, tendant à réglementer les mariages, ainsi qu'aux campagnes contre l'alcoolisme, la tuberculose, la syphilis, à toutes ces initiatives éclairées et généreuses qui cherchent à soulager l'humanité de ses tares dégénératives. (TT, 217–18)

Hartenberg's vision of a nation cleansed of shyness thanks to a eugenical plan of controlled breeding says much about the reach and aspirations of *fin-de-siècle* psychiatry, as well as the reigning belief that France was in major need of both physical and moral regeneration.⁶³ When compared with Dugas's study, this vision also demonstrates the ambivalence surrounding *fin-de-siècle* theories of shyness. Hartenberg's elision of timidity with alcoholism, tuberculosis, and syphilis — key concerns of the era — shows timidity to be a highly undesirable trait in a society where social and professional ambition was considered

⁶¹ For discussion of the Third Republic debates surrounding the benefits of sport, and comparison with Britain, see Robert Tombs and Isabelle Tombs, *That Sweet Enemy: The French and the British from the Sun King to the Present* (London: Pimlico, 2007), pp. 413–18, and Nye, *Crime, Madness, and Politics in Modern France*, chapter 9.

⁶² Nye, *Crime, Madness, and Politics in Modern France*; Daniel Pick, *Faces of Degeneration: A European Disorder, c.1848–c.1918*, (Cambridge and New York: Cambridge University Press, 1989).

⁶³ Degeneration is the subject of several articles by Hartenberg in the *Revue de psychologie clinique et thérapeutique* throughout 1900: he proposes enforced castration, legalized suicide, and euthanasia as legitimate means of fighting against the psychoses and neuroses caused by degeneration. These measures, he suggests, can be applied even when degeneration is at its potential, not yet fully realized, state; Hartenberg, 'Bulletin: Contre la dégénérescence', *Revue de psychologie clinique et thérapeutique*, 4, 5 (1900), 129–33, (p. 132). While Hartenberg does not make such extreme claims in *Les Timides et la timidité*, the comments he does make regarding eugenics need to be seen in this context.

increasingly necessary for men. The *timide* is one who struggles to ‘get on’ in society and thus one whom society struggles to ‘get on’ with.

For Hartenberg, the emblematic figure of the *timide* is perhaps the erythrophobic ‘M. G..., 34 ans’, a ‘malheureux tombé, par l’effet de sa rougeur, aux derniers degrés de l’échelle sociale’ (*TT*, 209–10): a marginalized individual tumbling down the social ladder who threatens, metonymically, to bring the whole nation down with him in the process. Dugas’s monograph, devoid of references to degeneration, and maintaining a focus on the ‘grands timides’ who will go on to be the star subjects of Dugas’s later works, presents timidity in a more open sense. Not entrapped in the web of degenerative disorders spun by Hartenberg, timidity is allowed to exist as a potentially enabling trait at the creative level, while nonetheless remaining highly debilitating socially. Like Dugas, Hartenberg makes extensive use of literary excerpts to exemplify certain psychic or physiological phenomena associated with shyness, or to provide readers with models for overcoming it (Julien Sorel in *Le Rouge et le Noir*, as we have seen, or Philippe in *Le Culte du moi*). But, explicitly contradicting Dugas, he is adamant that timidity is not in itself a catalyst for literary creation.⁶⁴

Conclusion

Despite the marked differences which emerge from a comparative reading of their work, both Dugas and Hartenberg agree that systematic or chronic timidity is a disorder for which individuals can, and in certain cases *should*, seek help. By focusing on their turn-of-the-century texts, this chapter has shown that the processes through which shyness came to be considered a mental illness were set in motion earlier than is frequently thought.⁶⁵ While shyness researchers typically consider the late twentieth century as the moment of shyness’s medicalization, perhaps a result of looking primarily at the American context, there is a gradual — but as yet sporadic — move to examine attitudes towards shyness within a broader historical and comparative perspective.⁶⁶ By exploring Dugas’s *La Timidité* and Hartenberg’s *Les Timides et la timidité* in their *fin-de-siècle* contexts, this chapter has sought to understand the epistemological and ideological stakes implicit in the moral and medical attack on timidity at the turn of the century. It has argued that both Dugas and Hartenberg mapped the concept onto their respective philosophical, psychological, and physiological frameworks, assessing the moral weaknesses but also strengths of the sufferer (Dugas), or fashioning timidity — in the male, at least — as an ominous symptom of national degeneration and decline (Hartenberg).

By paying close attention to these monographs and their references, the chapter has also revealed the literary-historical origins of the *fin-de-siècle* debate on timidity, and a paradox lying at its heart: that this undesirable, even deviant, condition may have, at least in part, inspired the very works used to form these psychopathological theories; that shyness can have a productive, creative effect on both the individual and the collective. Hartenberg rejects this possibility, but it is palpable in Dugas’s study, connecting his work to that of twenty-first-century writers such as Christopher Lane and Susan Cain who argue for greater

⁶⁴ ‘Je ne crois pas que ce soit à proprement parler la timidité qui prédispose aux vocations d’art, mais bien plutôt l’hyperesthésie affective, la délicatesse du cœur, la finesse de l’esprit [...]. Or on peut être doué d’un cœur sensible, d’un esprit fin, sans être pour cela timide, sans se retrancher du monde et sans s’interdire exclusivement les joies de la vie pratique’ (Hartenberg, *Les Timides et la timidité*, p. 263). Hartenberg makes similar arguments in relation to creativity and mental illness in an earlier discussion of Edmond de Goncourt (Hartenberg, ‘Le Tempérament d’Edmond de Goncourt’, *Le Lorrain-Artiste*, 14 (1896), 289–93).

⁶⁵ For example, McDaniel, in her otherwise astute *Shrinking Violets*, suggests that shyness did not attract the attention of psychologists until the 1970s, ignoring *fin-de-siècle* psychopathology entirely.

⁶⁶ As in, most recently, Joe Moran’s *Shrinking Violets: A Field Guide to Shyness* (London: Profile Books, 2016).

appreciation of temperamental and behavioural diversity. And while pointing to new lines of enquiry for shyness researchers in particular, the literary references in these two monographs carry broader implications with regard to nineteenth-century interdisciplinarity, exemplifying the way in which literature shaped, as well as reflected, scientific knowledge in the period.

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