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French connections: A beginner's guide to Paris Syndrome

NOV 13

Posted by [drmarkgriffiths](#)

While researching a previous blog on [Stendhal Syndrome](#), I came across various references to a number of "[city syndromes](#)". According to an interesting book chapter by Nadia Halim, city syndromes are "*acute, (usually) short-lived disorders that have in common a similar set of symptoms and pattern of onset and recovery*". Each of the city syndromes that have been identified in the psychological literature is associated with a specific tourist destination (e.g., [Jerusalem](#), Paris, Florence) and identified by medical practitioners (usually psychiatrists) when sufferers access mental health services. In essence, the condition is a type of 'culture shock' where an individual becomes psychologically disorientated when they experience new environments that feel alien to them.

One such city syndromes is 'Paris Syndrome', a psychological condition that appears to affect Japanese tourists only, suggesting that it is some kind of culture bound syndrome. According to an [article in the BBC News](#), Paris Syndrome was first identified in 1986 by Professor Hiroaki Ota (a Japanese psychiatrist who was working in France at the time). The condition is said to cause mental breakdown when visiting the city. The incidence of the disorder is very small as reports

estimate that only 10-20 people a year suffer out of millions of tourists. However, the only 'cure' is for the affected individuals to return back to Japan.

As far as I am aware, there are only a couple of academic papers that have been published on Paris Syndrome. The first one was a case study published in a 1998 issue of the *Journal of the Nissei Hospital* by Dr. Katada Tamami. This was a report of a male manic-depressive who shortly after visiting Paris presented with symptoms of insomnia, fluctuation of mood, aggression, irritation and increase in sex drive. Tamami noted that being separated from his family, and living alone in Paris, the man had an identity crisis as in Paris he was no longer a father or professor. His fantasy and idealization of Paris played a large part in his abnormal behaviour.

The second paper was by a group of French psychiatrists in a 2004 issue in the French psychiatry journal *Nervure*. The authors reported that between 1988 and 2003, a total of 63 Japanese patients had been hospitalized because of the condition (with a slight bias towards females in their 30s). Although the number of affected patients was relatively low, the Japanese Embassy arranged for a Japanese psychiatrist to work in the authors' hospital (i.e., St. Anne's Hospital). In fact, the Japanese Embassy has a 24-hour telephone hotline for Japanese tourists suffering from severe culture shock. The paper claimed that for affected individuals, the city of Paris held a "quasi-magical" attraction and that it was characteristically "symbolic of all the aspects of European culture that are admired in Japan". A [Wikipedia article on Paris Syndrome](#) claims that "the susceptibility of Japanese people may be linked to the popularity of Paris in Japanese culture". The same article also noted that:

"Mario Renoux, the president of the Franco-Japanese Medical Association, states in Liberation's article 'Des Japonais entre mal du pays et mal de Paris' (December 13, 2004) that Japanese magazines are primarily responsible for creating this syndrome. Renoux indicates that Japanese media, magazines in particular, often depict Paris as a place where most people on the street look like fashion models and most women dress in high-fashion brands".

The symptoms of Paris Syndrome are typically transient and include anxiety attacks, violent and aggressive outbursts, feelings of persecution, acute psychotic delusions (of paranoia, megalomania, erotomania and/or mysticism), dissociative and/or disoriented feelings, depersonalization, derealization, psychomotor abnormalities (e.g., dizziness, sweating, tachycardia), and – in some cases – thoughts of suicide. Interviews with the affected individuals revealed that the Japanese arrive in the city with highly romanticized expectations and that many had spent years dreaming of coming to Paris before doing it in actuality.

The authors of the paper published in *Nervure* identified two fundamentally different types of the syndrome based on previous psychiatric problems and when the symptoms occurred:

- *Type 1 [Classic]:* These individuals typically have a problematic psychiatric history and may travel to Paris for idiosyncratic "strange" or delusional reasons. However, the onset of the symptoms is immediate upon arrival in Paris (and may even begin in the airport).
- *Type 2 [Delayed Expression]:* These individuals do not usually have a personal and/or familial

psychiatric history. The reasons for visiting Paris are typically for 'normal' travelling reasons but the onset of the symptoms is much later than the 'classic' type (i.e., three months or longer after arriving in Paris).

As an example of the first type of sufferer, the paper described the case of a 39-year-old Japanese woman with a history of schizophrenia that was hospitalized following a psychotic breakdown on her immediate arrival in Paris. She had come to Paris following an advertizing campaign that had the tagline: "*France is waiting for you*". She took it to mean it was her personal destiny to go there and claimed she was going to become the queen of one of the Scandinavian countries ("*Sweden, Finland or Denmark*"). As an example of the second type of sufferer, the paper described the case of a 30-year-old Japanese man with no previous psychiatric history who came to France for educational reasons. The onset of the symptoms was five months after arriving in France and started when he moved into a Paris hotel (after initially studying in Reims). He was hospitalized after experiencing severe anxiety, insomnia, anorexia, and auditory hallucinations (i.e., voices threatening to kill him and his family).

One of the factors that appear to be common among sufferers is that they appear to be highly unprepared for the reality of day-to-day life in the city (e.g., the marked cultural differences, the great difference in language, the difference in public manners and behaviours, etc.). It is these differences that appear to act as a trigger for the onset of the behaviour. The most salient trigger for Paris Syndrome is thought to be the language barrier. Another factor appears to be intense exhaustion caused by trying to cram in as much as possible in the short time available for sightseeing alongside the effects of jetlag. Such factors are said to contribute to the psychological destabilization of some Japanese visitors. Another French physician (Yucef Mahmoudia) working at the hospital Hotel-Dieu de Paris claimed that Paris Syndrome was "*a manifestation of psychopathology related to the voyage, rather than a syndrome of the traveller*" and hypothesized that it was the excitement resulting from visiting Paris that caused the psychosomatic symptoms (e.g., increased heart rates, dizziness, etc.).

Dr Mark Griffiths, Professor of Gambling Studies, International Gaming Research Unit, Nottingham Trent University, Nottingham, UK

Further reading

Angelique, C. (2006). Paris syndrome hits Japanese. *The Guardian*, October 25. Located: <http://www.guardian.co.uk/world/2006/oct/25/japan.france>

Fastovsky N, Teitelbaum A, Zislin J, et al (2000). The Jerusalem syndrome. *Psychiatric Services*, 5, 1052.

Halim, N. (2009). Mad tourists: The "vectors" and meanings of city-syndromes. In K. White (Ed.), *Configuring Madness*. Oxford: Inter-Disciplinary Press.

Monden, C. (2005). Development of psychopathology in international tourists. In van Tilburg,

M. & Vingerhoets, A. (Eds.), *Psychological Aspects of Geographical Moves: Homesickness and Acculturation Stress* (pp. 213-226). Amsterdam: Amsterdam Academic Archive.

Tamami, K. (1998). Reflexions on a case of Paris syndrome. *Journal of the Nissei Hospital*, 26, 127-132.

Viala, A., Ota, H., Vacheron, M.N., Martin, P., & Caroli, F. (2004). Les Japonais en voyage pathologique à Paris: Un modèle original de prise en charge transculturelle. *Nervure* (supplement), 17(5), 31-34.

Wikipedia (2012). Paris Syndrome. Located at: http://en.wikipedia.org/wiki/Paris_syndrome

Wyatt, C. (December 20, 2006). Paris Syndrome strikes Japanese. *BBC News*, December 20/
Located at: <http://news.bbc.co.uk/1/hi/6197921.stm>

Posted in [Case Studies](#), [Culture Bound Syndromes](#), [Gender differences](#), [Mania](#), [Obsession](#), [Popular Culture](#), [Psychiatry](#), [Psychological disorders](#), [Psychology](#)

 Tags: [City syndromes](#), [Culture shock](#), [Hallucinations](#), [Japanese tourists](#), [Jerusalem](#)  [2 Comments](#)
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Art palpitations: A brief look at Ruben's Syndrome

MAY 21

Posted by [drmarkgriffiths](#)

In a previous blog I examined [Stendhal Syndrome](#) where some people when exposed to the concentrated works of art, experience a wide range of symptoms including physical and emotional anxiety (rapid heart rate and intense dizziness, that often results in panic attacks and/or fainting), feelings of confusion and disorientation, nausea, dissociative episodes, temporary amnesia, paranoia, and – in extreme cases – hallucinations and temporary ‘madness’. While researching that article, I also came across another condition that would appear to be related to Stendhal Syndrome, namely ‘Rubens Syndrome’ based on a report published in 2000 by the *Roman Institute of Psychology (RIOP)*.

The *RIOP* reported that 20% of people had engaged in an “*erotic adventure*” inside an art museum, and the findings were taken from a national Italian survey of 2000 people. Other places where the respondents said they had “*erotic adventures*” included beaches (43%), [trains](#) (22%), and nightclubs (18%). The report’s authors christened this state of emotional sexual arousal as ‘Rubens Syndrome’ named after the Flemish Old Master who painted many sensuous nudes throughout his career.

The researchers claim that the Rubens Syndrome is “*a spontaneous response to the beauty of art*”

and that those who are afflicted by it do not enter a museum with sex specifically on their minds”. The report also claims that art admirers are more predisposed towards erotic suggestion and that mythological sexual scenarios are more psychologically engaging than abstract art. Although I don't doubt that for most people abstract art is less engaging on a psychological level, I know of no empirical research demonstrating that art lovers are more predisposed towards erotic suggestion (although it wouldn't surprise me if they were).

I have been unable to track down a copy of the report and as far as I can ascertain, the results of the study have not been published in a peer-reviewed academic journal (therefore I have no idea as to how robust the data are, how the data were collected, and how representative the data were of typical visitors to art museums). The study also claimed that Greek sculptures and works by [Michelangelo Merisi da Caravaggio](#) (1571-1610) were more likely to lead to sex than artworks by [Paulo Veronese](#) (1528-1588) or [Giovanni Battista Tiepolo](#) (1698-1770). The psychologists also compiled a list of the best Italian art museums based on their “*ability to awaken [Eros](#)”*, the Greek god of love.

(If you are really interested, the best seven art museums for erotic stimulation were the *Palazzo Doria* [Genoa], *Pinacoteca di Brera* [Milan], *Gallery of Modern Art* [Turin], *Accademia* [Florence], *Villa Panza* [Varese], *Guggenheim* [Venice], and *Capodimonte Museum* [Naples]. The psychologist Dr. Massimo Cicogna was asked why these particular art museums were the most erotically stimulating and his response was that the ideal art museum is “*one that is not too busy, so it allows for the easy observation of the other visitors*”).

It would appear that the main difference between Stendahl Syndrome and Ruben Syndrome is that Stendahl Syndrome provokes strong negative and (arguably) passive emotional reactions whereas Rubens Syndrome provokes strong positive and active emotional reactions that some people feel they have to act upon. Following the publication of the study, one of the daily Italian newspapers *Il Gazzettino* reported:

“Who would ever have said that the corridors of the Accademia Museum in Florence were more erotically charged than the atmosphere in a discotheque? That Botticelli's Primavera instigates hard-core thoughts and actions, and that the rooms of the Guggenheim Museum in Venice are more stimulating than Viagra?”

According to Professor Willy Pasini (University of Milan, Italy): “*Cultural seduction has existed since antiquity. Art has always activated an intensely erotic mechanism – otherwise what sort of art would it be?*” Italian sexologist Serenella Salomoni was also interviewed by the Italian press about Rubens Syndrome and claimed it was more commonplace among non-Italian tourists than locals. Her reasoning was based on her claim that “*Italians are expressive and less repressed by nature. For a more emotionally contained foreigner, it may take a beautiful painting to provoke strong, sexual feelings*”.

Furthermore, according to politician, art critic, and self-confessed lothario Vittorio Sgarbi:

“To visit a museum, it is necessary to be able to love. Eroticism and the love of art, then, are perfectly compatible and interchangeable. Plus, it’s evident that someone who goes to a museum has considerable time available. At the end of the visit, there is a residue of amorous stimulation”.

In an online essay in a 2003 issue of the online magazine *Frieze* about both Stendhal Syndrome and Rubens’ Syndrome, Melinda Guy argued that both syndromes raise interesting questions about artists’ intentions and their audience’s response, and said: *“Perhaps we could use these pathologies to determine cultural value: surely the work that provokes the most Stendhalian (or Rubensian) reactions is truly the most significant?”*

As there is no empirical or clinical evidence confirming or denying the existence of Rubens’ Syndrome, I’ll leave you with the thoughts of psychologist Bruce Melnick who in a short article for the *Institute for the Psychological Study of the Arts* made these observations:

“There is also something in the museum setting, apart from what is actually being shown, that conduces to erotic adventure. The people you see in a museum have at least one interest in common with you... They have come to the museum, like you, for some kind of sensual stimulation... And above and beyond these specifics is the general awareness that museums are places, set apart from the normal world, where we go specifically for purposes of aesthetic contemplation, where, therefore, the usual social rules do not quite apply. This awareness in itself probably fosters erotic fantasy and contact... To oversimplify a bit, we go to museums to look and fantasize. It’s not surprising that some of that should carry over from the pictures on the walls to the people standing in front of them”.

Dr Mark Griffiths, Professor of Gambling Studies, International Gaming Research Unit, Nottingham Trent University, Nottingham, UK

Further reading

Guy, M. (2003). The shock of the old. *Frieze* (Volume 72). Located at:

http://www.frieze.com/issue/article/the_shock_of_the_old/

Magherini, G. (1989). *La Sindrome di Stendhahl*. Firenze: Ponte Alle Grazie.

Melnick, B. (2001). PSYART archives: Rubens’ Syndrome. August 4. Located at:

<http://www.lists.ufl.edu/cgi-bin/wa?A2=ind0108A&L=PSYART&P=1863>

PervScan (2003). Rubens’ Syndrome. August 2. Located at:

<http://pervscan.com/2003/08/02/rubens-syndrome/>

Squires, N. (2010). Scientists investigate Stendhal Syndrome – fainting caused by great art. *Daily Telegraph*, July 28. Located at:

<http://www.telegraph.co.uk/news/worldnews/europe/italy/7914746/Scientists-investigate-Stendhal-Syndrome-fainting-caused-by-great-art.html#>

Turner, J. (2001). Museum visitors in Italy list the works most likely to inspire an “erotic adventure”. *ARTnews*, January 10. Located at: <http://www.artnews.com/2001/10/01/pickup-artists/>

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Wholly holy: A beginner's guide to Jerusalem syndrome

FEB 7

Posted by [drmarkgriffiths](#)

In a previous blog I examined [Stendhal Syndrome](#) where some people when exposed to the concentrated works of art, experience a wide range of symptoms including physical and emotional anxiety (rapid heart rate and intense dizziness, that often results in panic attacks and/or fainting), feelings of confusion and disorientation, nausea, dissociative episodes, temporary amnesia, paranoia, and – in extreme cases – hallucinations and temporary ‘madness’. While researching that article, I also came across another condition that would appear to be related to Stendhal Syndrome, namely ‘Jerusalem Syndrome’ – a condition that I have some empathy with.

One of the things I love about my job is all the wonderful places I have been able to travel to and visit as part of my work. Back in 2010, I did some consultancy on social responsibility practices for the online gambling company [888](#) and was flown to Tel Aviv to speak to various departments about my work. Once my talks and meeting were over, I experienced one of the best days of my life when I given a personal guide around the whole of Jerusalem. I am not religious but I found myself totally overcome with emotion as I visited one tourist attraction after another.

I say all this by way of introduction to what has been reported in the psychological literature as the aforementioned ‘Jerusalem Syndrome’ where visitors to the holy city are totally overcome by the weight of its history. The condition was first described (perhaps unsurprisingly) by an Israeli psychiatrist – Haim Herman – in the 1930s. However, psychiatrists did not begin keeping comprehensive clinical and statistical information on these cases until the late 1970s. One of the most infamous cases often cited in relation to Jerusalem Syndrome occurred in 1969, when a male Australian tourist (Denis Michael Rohan) set alight the al-Asqa Mosque following an overwhelming feeling of divine mission.

In 1999, Dr. Eliezer Witzum and Dr. Moshe Kalian wrote the first paper on Jerusalem Syndrome in an issue of the *Israelian Journal of Psychiatry and Related Sciences*. The condition became more widely known in 2000, when Dr. Yair Bar-El and colleagues published a paper in it in the *British Journal of Psychiatry (BJP)*. Since 1980, Dr. Bar-El and his colleagues reported that

Jerusalem's psychiatric services had encountered over 1000 tourists with Jerusalem Syndrome (approximately 100 a year and overwhelmingly evangelical Christians). All cases were sent to one central facility (the Kfar Shaul Mental Health Centre [KSMHC]) for psychological counselling, psychiatric intervention, and/or admission to hospital. Between 1980 and 1993 approximately 1200 tourists with severe, Jerusalem-generated mental problems were referred to the KSMHC (with 470 being admitted to hospital). Based on those requiring treatment, the 2000 *BJP* paper outlined what the authors believed were the three main categories of the syndrome.

- *Type I*: Comprises individuals that have already been diagnosed as having a psychosis (e.g., schizophrenia, bipolar illness) prior to visiting Israel. They usually travel alone and come to Israel for psychiatric religious ideation.
- *Type II*: Comprises individuals with mental disorders (e.g., personality disorders, obsessions) but don't have a clear mental illness and whose strange thoughts would not be classified as delusional or psychotic. They usually travel in groups (but sometimes alone) and come to Israel for curiosity reasons.
- *Type III*: Comprises individuals that have no previous history of mental illness, but who become victim to a psychotic episode while in Israel (particularly Jerusalem). Type III individuals are said to recover spontaneously, and enjoy normality on their return to their home country. They usually travel with friends or family (often as part of an organized tour) and come to Israel as regular tourists (and have a religious home background).

The authors reported that the third type was the most was "*perhaps the most fascinating*" because it included individuals with no prior history of mental illness and whose symptoms were context-specific and recover spontaneously with little psychological intervention. Therefore, the authors noted that Type III Jerusalem Syndrome is not associated with other psychopathologies, and is this is a "*pure*" or "*unconfounded*" form of the syndrome. Of the 1200 or so cases, only 42 were classified as Type III.

Despite the many reported case of Jerusalem Syndrome, in subsequent responses to the *BJP* paper, Kalian and Witzum then disputed its existence and claimed it is just a variant of schizophrenic illness. They wrote in a letter that:

"Our accumulated data indicate that Jerusalem should not be regarded as a pathogenic factor, because the morbid ideation of the affected travelers started elsewhere. Jerusalem syndrome should be viewed as an aggravation of a chronic mental illness and not a transient psychotic episode. The eccentric conduct and bizarre behavior of these colorful but mainly psychotic travelers become dramatically overt once they reach the Holy City – a geographical locus containing the axis mundi of their religious beliefs".

The authors of the original paper then responded with yet another letter and pointed out that:

"Our initial account of Jerusalem syndrome clearly distinguished between patients with Jerusalem syndrome who also have a history of psychotic illness – Jerusalem syndrome superimposed on a previous psychotic illness – and those with no previous psychopathology,

whom we referred to as having the discrete form of the syndrome. In either case, the symptoms of the syndrome appear on arrival in Jerusalem and exposure to the holy places”.

There have been a number of explanations as to why Jerusalem Syndrome occurs. Some authors suggest that mental state changes can occur as a result of a significant change in routine and circumstances (e.g., culture clash, geographical isolation, unfamiliar surroundings, proximity to strangers and/or foreigners). These factors compounded with the religious significance to many different faiths (Christians, Jews and Muslims), may be the stimuli that to trigger acute psychotic episodes. Such ‘spiritual’ travel may represent a modern-day version of a pilgrimage. There are of course limitations of the work by Bar-El and colleagues that the authors duly acknowledge including the fact that the study (i) was based on a phenomenological description and was not a research study, (jj) lacked follow-up information, and (iii) did not taken into account changes in circumstances associated with the expected influx of tourists in the millennial year.

**Dr Mark Griffiths, Professor of Gambling Studies, International Gaming Research Unit,
Nottingham Trent University, Nottingham, UK**

Further reading

Bar-El, Y., Durst, R., Katz, G., Zislin, J., Strauss, Z. & Knobler, H.Y. (2000) Jerusalem syndrome. *British Journal of Psychiatry*, 176, 86-90.

Bar-El, Y., Kalian, M. & Eisenberg, B. (1991) Tourists and psychiatric hospitalization with reference to ethical aspects concerning management and treatment. *Psychiatry*, 10, 487 -492.

Bar-El, I., Witztum, E., Kalian, M., et al (1991) Psychiatric hospitalization of tourists in Jerusalem. *Comprehensive Psychiatry*, 32, 238 -244.

Fastovsky N, Teitelbaum A, Zislin J, et al (2000). The Jerusalem syndrome. *Psychiatric Services*, 5, 1052.

Gordon, H., Kingham, M. & Goodwin, T. (2004). Air travel by passengers with mental disorder. *The Psychiatrist*, 28, 295-297.

Halim, N. (2009). Mad tourists: The “vectors” and meanings of city-syndromes. In K. White (Ed.), *Configuring Madness*. Oxford: Inter-Disciplinary Press.

Kalian, M. & Witzum, E. (2000) Comments on Jerusalem syndrome. *British Journal of Psychiatry* 176, 492.

Kalian M. & Witzum, E. (2002) Jerusalem syndrome as reflected in the pilgrimage and biographies of four extraordinary women from the 14th century to the end of the second millennium. *Mental Health, Religion and Culture*, 5, 1-16.

Monden, C. (2005). Development of psychopathology in international tourists. In van Tilburg,

M. & Vingerhoets, A. (Eds.), *Psychological Aspects of Geographical Moves: Homesickness and Acculturation Stress* (pp. 213-226). Amsterdam: Amsterdam Academic Archive.

Witztum, E., & Kalian, M. (1999). The “Jerusalem syndrome” – fantasy and reality. A survey of accounts from the 19th century to the end of the second millennium. *Israelian Journal of Psychiatry and Related Sciences*, 36, 260-271.

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Art attack: A beginner’s guide to Stendhal Syndrome

JUN 29

Posted by [drmarkgriffiths](#)

One of the more unusual psychological disorders that I have come across is the psychosomatic illness Stendhal Syndrome – also known as Florence Syndrome and hyperkulturemia. The trigger for the condition is works of art that are perceived by the individual to be beautiful and all housed in one place (e.g., an art gallery).

When exposed to the concentrated works of art, affected individuals experience a wide range of symptoms including physical and emotional anxiety (rapid heart rate and intense dizziness, that often results in panic attacks and/or fainting), feelings of confusion and disorientation, nausea, dissociative episodes, temporary amnesia, paranoia, and – in extreme cases – hallucinations and temporary ‘madness’. The syndrome has also been applied to other situations where individuals feel totally overwhelmed when in the presence of what they perceive to be immense beauty (such as something in the natural world like a beautiful sunset). The effects are relatively short-lived and do not seem to require medical intervention.

The condition was named after the 19th century French author Henri-Marie Beyle (1783–1842) – better known by his penname ‘Stendhal’ – who at the age of 34 years (in 1817) described in detail his negative experiences (in his book *Naples and Florence: A Journey from Milan to Reggio*) of viewing Florentine art of the Italian Renaissance (and hence it’s alternative name as Florence Syndrome). When Stendhal visited Florence’s Santa Croce Cathedral and first witnessed Giotto’s famous ceiling frescoes he became overly emotional about what he saw:

“I was in a sort of ecstasy, from the idea of being in Florence, close to the great men whose tombs I had seen. Absorbed in the contemplation of sublime beauty...I reached the point where one encounters celestial sensations ... Everything spoke so vividly to my soul. Ah, if I could only forget. I had palpitations of the heart, what in Berlin they call ‘nerves.’ Life was drained from me. I

walked with the fear of falling”.

Since Stendhal’s published account, there have been hundreds of cases of people experiencing similar effects – particularly at the famous Uffizi Gallery in Florence, and had often been referred to as the ‘Tourist’s Disease’. (I also noted that in online self-confessions that some people call it ‘Art Disease’). However, it wasn’t until 1979 that the condition was given the name Stendhal Syndrome by the Italian psychiatrist Dr. Graziella Magherini (who at the time was the chief of psychiatry at Florence’s Santa Maria Nuova Hospital). She began to observe that many tourists visiting Florence appeared to be overcome with a range of symptoms including temporary panic attacks to seeming bouts madness lasting two or three days.

Based on her recollection of reading Stendhal’s account, she named the condition Stendhal’s syndrome. She later documented 106 similar cases admitted to the hospital in Florence between 1977 and 1986 in her 1989 book *La Sindrome di Stendhal*. Her book described detailed accounts of people (including many Americans) who after viewing famous paintings or sculptures had severe emotional reactions leading to high anxiety and/or psychotic episodes. She believed the psychological disturbances were typically associated with “*a latent mental or psychiatric disturbance that manifests itself as a reaction to paintings of battles or other masterpieces*” The 106 cases were classed into three types:

- *Type I:* Patients (n=70) with predominantly psychotic symptoms (e.g., paranoid psychoses).
- *Type II:* Patients (n=31) with predominantly affective symptoms.
- *Type III:* Patients (n=5) whose predominant symptoms are somatic expressions of anxiety (e.g., panic attacks).

She also reported that 38% of Type 1 individuals had a prior psychiatric history, while over half (53%) of Type 2 individuals did. To date, there are relatively few cases published in the academic literature. The most recent case I came across was from 2009. Dr. Timothy Nicholson and his colleagues published a case report in the journal *British Medical Journal Case Reports*. Their case involved a 72-year old who developed a transient paranoid psychosis following a cultural tour of Florence. More specifically, they reported:

“While standing on the Ponte Vecchio bridge, the part of Florence he was most eager to visit, he experienced a panic attack and was also observed to have become disorientated in time. This lasted several minutes and was followed by florid persecutory ideation, involving him being monitored by international airlines, the bugging of his hotel room and multiple ideas of reference. These symptoms resolved gradually over the following 3 weeks”.

In 2005, Edson Amâncio, a Brazilian neurosurgeon published a paper arguing that there was evidence that Russian novelist Fyodor Dostoevsky suffered from Stendhal Syndrome, particularly when viewing Hans Holbein’s masterpiece, *Dead Christ*, during a visit to the museum in Basle. In a 2010 issue of the *British Journal of General Practice*, Dr. Iain Bamforth claimed that Marcel Proust also suffered from the condition and also suggested that psychologists Sigmund Freud and Carl Jung both wrote about experiences suggestive of Stendhal Syndrome. Despite hundreds

of documented cases, the condition does not – as yet – appear in the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders*. According to an article in the [Daily Telegraph](#), a team in Italy is currently examining the phenomenon more systematically by measuring tourist’s reactions (heart rate, blood pressure, respiration rate, etc.) as they view the artworks inside the Palazzo Medici Riccardi in Florence. As far as I am aware, they have yet to publish their findings, but when they do, I’ll update this blog.

**Dr Mark Griffiths, Professor of Gambling Studies, International Gaming Research Unit,
Nottingham Trent University, Nottingham, UK**

Further reading

Amâncio, E.J. (2005). Dostoevsky and Stendhal’s Syndrome, *Arq Neuropsiquiatr*, 63, 1099-1103.

Bamforth, I. (2010). Stendhal’s Syndrome. *British Journal of General Practice*, December, 945-946.

Bogousslavskya, J. & Assal, G. (2010). Stendhal’s aphasic spells: The first report of transient ischemic attacks followed by stroke. In J. Bogousslavsky, M.G. Hennerici, H. Bänzner & C. Bassett (Eds), *Neurological Disorders in Famous Artists – Part 3*. (pp-130-143). Basel, Karger.

Fried, R.I. (1998). *The Stendhal syndrome: Hyperkulturemia*. *Ohio Medicine*, 84, 519–20.

Freud, S. (1936). A disturbance of memory on the Acropolis. Reprinted (1953-1974) in the *Standard Edition of the Complete Psychological Works of Sigmund Freud* (trans. and ed. J. Strachey), vol. 22, p. 239. London: Hogarth Press.

Guy, M. (2003). The shock of the old. Frieze (Volume 72). Located at:
http://www.frieze.com/issue/article/the_shock_of_the_old/

Magherini, G. (1989). *La Sindrome di Stendhahl*. Firenze: Ponte Alle Grazie.

Munsey, C. (2005). Bottles make me sick (Stendhal’s Syndrome). *Bottles and Extras*, Spring, 72-75.

Squires, N. (2010). Scientists investigate Stendhal Syndrome – fainting caused by great art. *Daily Telegraph*, July 28. Located at:
<http://www.telegraph.co.uk/news/worldnews/europe/italy/7914746/Scientists-investigate-Stendhal-Syndrome-fainting-caused-by-great-art.html#>

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