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Stendhal (Florence) Syndrome as an Unclassified Disorder

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ABSTRACT The first aim of this paper is to discuss human-art relations basically. In this paper, literature related to Stendhal syndrome as pertaining to art psychology will be reviewed and information on the subject will be compiled. The necessity of doing art is widely defined in society as a form of self-disclosure by an individual. The definition of art according to scientists is art as self-actualization. The other discussed concept in this paper is Stendhal (Florence) syndrome. It's known as a city syndrome. Stendhal syndrome, also known as Florence syndrome, describes a physical disease that afflicts those who behold works of art in Florence, Italy. The symptoms are dizziness, palpitations, hallucinations, orientation disorder, loss of identity and physical burnout.These clinical features manifest in patients who encounter rich Italian culture and historically important characters.

INTRODUCTION

Over the last few years, a cluster of psychological symptoms has appeared among tourists due to exposure to artistic and historical masterpieces. These are known as city syndromes. They differ from long-term psychological or psychiatric disorders. City syndromes are short-term disorders and are seen only in the visited cities. Paris syndrome, Jerusalem syndrome and Stendhal (Florence) syndrome are the most widely known among city syndromes (Halim 2009).

Stendhal syndrome is basically a psychosomatic disorder in which an individual experiences certain reactions when a work of art that is listened to or seen. These reactions include heart palpitations, dizziness, and even hallucinations (Pinar 2014).

Stendhal syndrome was first seen in the Basilica of Santa Croce. The name of this syndrome was coined by Marie-Henri Beyle, known in literature by his pen name as Stendhal, in Italy in 1817. According to experiments conducted annually, the same regions of the brain were observed to act with intense emotion during a trip to Florence (Innocenti 2014). Despite these experiments, Stendhal syndrome is not defined in the *The Diagnostic and Statistical Manual of Mental Disorders* (DSM) as a specific psychiatric illness, but in contrast, it is included in *Zingarelli*, which is one of Italy's most important dictionaries (Hager 2016). According to Magherini's research, symptoms of Stendhal syndrome are seen especially in Northern Europeans; the least affected people are, predictably, Italians (because every street is like an art gallery) and the Japanese (because of their organizing abilities). There are also specific works whereby the effects have been recorded. According to the data, Michelangelo's *David*, Caravaggio's *Bacchus* and Botticelli's *Venus* are works where symptoms of the syndrome have most been recorded (Hager 2016).

Stendhal syndrome does not have a specific treatment method. It is especially seen among individuals who are fond of art and are more emotionally sensitive. Stendhal explained his feelings in his diary as follows: "I was trapped in this glory. My life seemed to flash before my eyes. So much so that I was afraid to stumble and roll as I walked" (Amancio 2005).

These symptoms are not only seen in Florence, but the syndrome is so named because it was first described there. This syndrome is also referred to as "art poisoning" because it occurs when exceptional and grandiose works of art are beheld (Pinar 2014).

The symptoms of Stendhal syndrome are the opposite of those observed in Paris syndrome. In Paris syndrome, there is a depression caused by high expectations that are not met, whereas in Stendhal syndrome there is a loss of percep-

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tion and a loss of consciousness due to the grandeur of the works observed (Innocenti 2014).

Objectives

This paper will consider what art and art psychology are and how and why the Stendhal syndrome arises as an psychatric disorder. The paper will also review the literature of Stendhal syndrome within the purview of art psychology.

Art Psychology

To define art psychology, firstly the concept of art has to be identified and understood. One of the most important features that distinguishes man from other living species in nature is that man can produce a work of art. If human life could only be lived out by satisfying physical needs and through work, it would be very dry, uninspired and meaningless. In a life devoid of art, such as cinema, music, sculpture and theater, the human spirit would be left hungry (Ezici 2005). Aristotle made the first definition of the phenomenon of art, which had been attempted to be defined by different disciplines, as "mimesis" 3000 years ago. The French artist and sculptor Rodin defined art as an effort of thought that wants to understand and tell about the world (Sener 1982). Freud, who has made a great contribution to the science of psychology, defined art as the attitude of an adult towards life, game pleasure of a step taken beyond reality and the theatrical portrayal of pain, not the pain itself (Lentriccihia and McAuliffe 2004).

As for an art work put forward by the artmaker, in the most general signification it can be described as an original, single and new production depending on a creator, telling his technique, style, vision of the world and human understanding (Erinc 2004). Not every creative person fits the definition of artist as not every product is a work of art. The person who has been accepted as "real artist" since Plato is a person who gives life to a new reality, enlarges human consciousness and reveals its own existence (May 1994).

There are two main factors affecting the art and the artist who naturally produces and creates art. The first of these factors are internal and the second is external. Internal factors and their impact on art are dealt with by art psychology. External factors are an area of interest in the sociology of art (Uludag 1996).

Art psychology basically examines the behavior of artists in the production-creation process and the experiences and behaviors of those who approach the arts as consumers (Olbrich 2004). In other words, it can be regarded as a branch of science that examines the attitudes and behaviors of any art phenomenon and psychological problems related to art.

With the establishment of modern psychology and psychophysics in the 19th century, the meaning of art is sought in a subject who grasps the artwork and appreciates it because the subject is the one who attributes meaning to the artwork. If a person is evaluating an artwork, it is because he likes that artwork. It is this emotional interest in the subject that determines the value of an artwork. To investigate the meaning of art is actually to investigate this interest between a work of art and an aesthetic subject (Fechner 1876).

Lipps argues that both art and the beauty of art can be explained by analyzing the aesthetic sense that the object awakens in the subject. This feeling is called "Einfuhlung" in German which means living something wholeheartedly, understanding something wholeheartedly and hearing it wholeheartedly (Worringer 1953). This is a feeling of pleasure. Generally, the phenomenon of emotion is related to the subject, but in Einfuhlung there is a compulsory existence of the object (Lipps 1903).

Although art is something that is produced, discussed, criticized and developed as a concept, man fundamentally does art to satisfy an important need. That is a need of telling himself to others. The necessity of doing art is widely defined in society as a form of self-disclosure of an individual. It is defined scientifically as self-actualization. The theory of self-actualization is a concept put forth by Jung but is also found in the works of Adler, Rank, Goldstein and Fromm. In universal meaning, this can be defined as revealing the potential of being a man which exists in a being by itself. According to the humanistic perspective, human beings have basic physiological needs such as nutrition, protection and continuation of lineage, and once these

basic needs have been satisfied, higher needs arise and people try to satisfy them throughout their lives. These high-level needs, which Maslow calls the "hierarchy of needs", are requirements such as respect, knowledge and pleasure of beauty. Humanistic psychology asserts that the motive for self-realization is the most important motive that governs human behavior (Kuzgun 1972).

The human being in the direction of "self-actualization" wants to be recognized, appreciated and loved by everyone around him, hence he tries to shape himself in such a way that he will be accepted in society. Social roles, especially occupational roles, can put pressure on many people's psychological identities and even make them forget the aforementioned wants. When people do their jobs, they can impersonate "visible" identities that will enable their social acceptance. If an individual becomes bound to their roles, anxiety of fulfilling social roles may become chronic (Dokmen 2004).

In the art world, it is a common statement to call art work as occupation. It is also a common discourse that artists use their work as a means to express themselves. In parallel with the general social perception, although work in the art universe is still seen as a criterion for identity evaluation, it is expected that the artist, unlike other professions, will manifest through his work or display his life view or internal universe. The concept of "artist identity" is perhaps a manifestation of this expectation. The concept of artist identity is perhaps a manifestation of this expectation. The social status of the artist identity is quite high. For the sake of owning this high status identity, the artist may tend to fictionalize an ideal role for himself. As for the anxiety of pursuing the ideal, it can lead to an increase in the distance between his real personality and the personality reflected in his works with a motive of preserving the entirety of his role. For example, it can lead to triggering psychological identification and internalization mechanisms of the human as artist (Gectan 1997).

In every age and under all circumstances, people have always been in need of art and have been involved with art. Therefore, from the moment human beings have existed, there has been a strong link between art and humanity, and for as long as the existence of human beings continues, this internality and necessity will always exist because, at the center of art, man and his relationship with life take part; this shows that unless humanity is dead, art will not die (Fisher 2005).

MATERIAL AND METHODS

In this paper, literature related to Stendhal syndrome and art psychology has been reviewed and information on the subject has been compiled.

OBSERVATIONS AND DISCUSSION

City syndromes are mostly acute, short-term disorders, and their symptoms show similarities with their initial and healing patterns. Each is linked to a specific city that is popular as tourist a destination, and they are named by psychiatrists and psychologists working in these city hospitals. Paris syndrome, Stendhal (Florence) syndrome and Jerusalem syndrome are the most well known of those (Halim 2009).

A syndrome is a specific disease or psychological disorder associated with recognizable, recurrent symptoms (American Heritage Dictionary 2006). It has been a long-standing tradition in medicine for a disease to be named for the place where it is discovered. For example, Lyme disease was named after the place in the US state of Connecticut where it was first identified (Abel 2014).

Stendhal syndrome, also known as Florence syndrome, describes a physical disease that occurs when beholding the artwork of Florence (Chouchena 1995). Stendhal syndrome was named for the world-famous French traveler and author Marie-Henri Beyle who used the pseudonym Stendhal (Magherini 1989). Stendhal had an emotional experience while traveling on a visit to Santa Croce Cathedral in Florence, Italy, in 1817. During his visit to the Santa Croce Cathedral, he found a priest who allowed him to go into the church, leaned his head back and looked up at the fresco of the Volterrano *Sibyls* in a chair. The pleasure was very sharp: "I was under the influence of ecstasy with the thought of being close to the graves of the great people I saw and being in Florence. While I intended to internalize this magnificent beauty, I came clos-

er, touched him, talked to him. I had a passionate feeling by accessing to heavenly senses of fine arts. When I left Santa Croce, my life escaped from my control and went out for fear of falling." Stendhal spoke about the rich culture and history of Italy and reported that he had strong feelings in his heart about art. He experienced enthusiasm, drawing attention to a situation that was emotionally intense and alert. This situation is described by episodes of palpitation, dizziness and loss of physical strength (Bamforth 2010).

Stendhal syndrome was born from observations by a psychiatrist named Graziella Magherini (1989) at the Santa Maria Nuova Hospital in Florence. Magherini examined foreign tourists who were weak and in tears, suffering from dizziness and uneasiness, were obliged to receive emergency health care service and even had to be kept under doctor's supervision. The doctor's thesis is that the source this sudden and striking behavior lies in traveling to an art city. Magherini produced the expression Stendhal syndrome based on the feelings that Stendhal described in his travel books *Rome, Naples and Florence* (1817), *Rides in Rome* (1829) and *Memoirs of a Tourist* (1838). In these works, Stendhal speaks of a series of psychic impulses that travel encourages in him. On a page of *Rome, Naples and Florence*, the author associates the visit to the Santa Croce Cathedral with the crisis seizure experienced in the church. The author had to leave the church to recover after such intense aesthetic emotions.

On January 22, 1817, when Stendhal was in his 30's, while he watched the city's buildings and artifacts as he passed the Apennines in Florence, he wrote that his heart was pounding in the face of past and culture of the city. Psychiatrist Graziella Magherini (1989, 2007) examined these physical symptoms including fear of fainting, frustration and even fear of death. She named it after him: Stendhal syndrome. The term refers to episodes of short, unexpected and severe physical discomfort that last from a few hours to several days. From July 1977 to December 1986, these symptoms were observed and examined on 106 foreign visitors who had left their home country in excellent health and then came to the Santa Maria Nuova Hospital in Florence for treatment. Magherini divides the symptoms into 3 types: 1) disorders of thought (changes in the perception of sounds or colours, hallucinations, delirious perception of the external reality, feelings of persecution or guilt and fear); 2) emotional disorders (depressive anxiety and feelings of inferiority and worthlessness or, on the contrary, feelings of superiority, euphoria, exultation and omnipotent thinking); 3) panic attacks and somatised anxiety (fear of dying or going mad, somatic projections of anguish, chest pains, arrhythmia and visual disorders). Only 38 percent of patients with type 1 symptoms had had a previous psychiatric history, while 53 percent of patients with type 2 had had a psychiatric history. In most of these cases, shown by Magherini, patients reported a feeling of dissolution or disintegration in their ego. A 53-year-old male patient, after spending a long time in front of *Bacchus* of Caravaggio, stated that he felt in the space of an indistinguishable place between two basic phases of his life. A 20-year-old female patient reported that, after spending time at the Uffzi Gallery, she felt shredded as if in a terrorist act and became agitated, recurrently shouting for help. Magherini considers herself a passionate reader of Stendhal since childhood. Stendhal deeply influenced her as a tourist with a modern spirit, and a soulful traveler changing our sense of travel and travel writings (Magherini 1989, 2007).

Magherini concluded that during the treatment of these patients, the disease had an unpredictable and unexpected onset. The symptoms persist for 2 to 8 days, triggering thought disorders by 66 percent of patients, emotional disorders by 29 percent, and anxiety disorders and panic attacks by 5 percent. Other characterized symptoms include sweating, physical weakness, tachycardia, chest tightness, alienation, anxiety and confusion. The least reported symptoms are agitation and desire to destroy the work of art (Teive et al. 2014). More than 50 percent of cases had psychiatric disorders, such as suppressed sexual desire, burnout, inadequate sleep, orcoming to an end of a journey, and these conditions attribute some potential factors to the clinical picture. Although some patients experienced change or uncertainty, all patients were psychologically attenuated before the onset of the syndrome. In the comparison between affected and unaffected tourists, higher average

age and lower education level are factors that seem to contribute to vulnerability to the syndrome. Among the affected women, a very small percentage consists of managers, business women or professionals (Guerrero et al. 2010).

There are many cases similar to Stendhal's experience in the 19th century. While supersensitive Marcel Proust was writing his novel *In Search of Lost Time*, he had constant melancholy and asthma attacks. Dostoyevski was known to have undergone severe agitation when he saw the famous painting about the death of Jesus Christ by Hans Holbein (Amancio 2005).

According to Magherini (1989), the psychopathological dimensions of the shock caused by meeting with artworks are more pronounced in foreigners who change places both metaphorically and in real terms. Because only a few of the patients afflicted with the syndrome were Italian, Magherini thought that the determinant factor of Stendhal syndrome was travel. This has been experienced by other visitors in other geographies with low and high intensity. This experience continues in the form of aesthetic and touristic subconscious symptoms that often result in frustration but are always hidden. The case of Freud, who was deeply affected by his trip to Greece with his brother, is a particularly good example to mention. In his famous paper published in 1919 under the title of "Das Unheimliche", he examined the disquieting sense of alienation caused by travel experience. Whenever this alienation occurs, it eliminates the boundaries between dream and reality. This kind of sense of alienation points out the transitional space defined by Winnicott (1975). The relationship with artwork or aesthetic objects are established in this transitional space (Amirou 2000).

In 2010, Bamforth, in a paper about Stendhal syndrome, published similar evidence of symptoms based on the experiences of Jung and Freud. In his autobiography, Jung mentions an event where he suffered physical and mental distress due to artworks in Pompeii. Under such an intense experience, he lost his senses of perception and could not continue his journey to Rome. He never visited that destination again. Freud reported a similar experience during his visit to the Acropolis of Athens (Bamforth 2010). This confrontation provoked enthusiasm and then gave him a feeling of depersonalization and alienation. This overwhelming mental state was stimulated by Freud's own ideas of the Acropolis and Greek civilization.

In a recent paper, Magherini focused not only on the clinical features of the patients but also on the stability of the artwork. She chose the famous statue of David for her work,which is a figure that has triggered many psychological reactions in audiences as a symbol of physical and mental energy and a figure of heroism, lust and intelligence (Zollner et al. 2008). Within this study, participants gave a series of answers: some participants were overly influenced by the excellence of this masterwork, while a few pointed out very minor imperfections. The majority of the participants reported positive emotions about the work and were amazed that it has stood for many years and admired him despite his lifeless body. Some participants at the other extreme emphasized negative associations from dissatisfied experiences: they reported intense painful feelings, hostility, competitiveness and a desire to do damage to the work (Magherini 2007).

Hall and Page (1999) provided an explanation for the study of human motivation in tourism. By using Maslow's theory of needs, they assert that people will find their true essence by travelling and thereby discovering deep feelings.

Recently, clinically reported cases of Stendhal syndrome have been discussed intensively since 2005. Amancio (2005), a Brazilian neurosurgeon, reported a Russian writer who showed symptoms of Stendhal. In 2009, Nicholson (2009) wrote a episode of paranoid psychosis experienced by a 72-year-old during his visit to Florence. This case, published in the British Medical Journal Case Reports, tells of the patient's orientation disorder and visit to the Ponte Veccio Bridge and painful thoughts that he experienced including paranoia involving the delusion that that the international airports and the rooms were spied on and many other interesting and unusual ideas. These symptoms ceased after a 3-week physical rest. The reoccurence of these symptoms from mild emotional distress to psychosis during visits to certain cities has led many researchers to investigate Stendhal syndrome.

Guerrero et al. (2010) examined the frequency of stendhal syndrome and related symptoms by creating a questionnaire in professional workshops consisting of neurologists from Rome,

Florence, Padua and Venice. The survey sought to determine whether patients seen by neurologists have a complete or partial syndrome. Additionally, it aimed to gather positive symptoms, such as aesthetic pleasure, excitement, euphoria, sensations of omnipotence, and unpleasant somatic symptoms such as change in perception, sense of guilt, insecurity and inadequacy. A total of 48 questionnaires were applied and the mean age was recorded as 50±9 and the male/female ratio was 17 to 10. Twenty-five percent of the participants reported a partial form of the syndrome without any panic attacks or thought disorders; however, emotions related to art (83%) and enthusiasm (62%) were substantially reported in the answers. Importantly, no neurologist reported severe symptoms of the syndrome, but some reported mild clinical symptoms.

In the observations, the syndrome was mostly seen in European tourists and rarely in Asian, Italian and North American tourists. Especially, people living alone with a classic or religious education are more proned to develop the syndrome (Nicholson et al. 2009). Nicholson et al. (2009) attributed the emergence of the syndrome to the cultural burden that leads to inappropriate reactions in tourists.

One recent example was in the Uffizi Gallery, one of Italy's most famous museums. An unnamed man suffered cardiac arrest while beholding Sandro Botticelli's painting *The Birth of Venus*. The unnamed male collapsed in front of the painting which is considered one of the masterpieces of the Italian Renaissance. The man's heart required defibrillation (electro-taser) at the museum in order to start again. Eike Schmidt, director of the Uffizi Gallery, said cases like these have happened in front of both Botticelli's works and Caravaggio's *Medusa*. According to Schmidt's narrative, in the Uffizi in 2016, another man suffered an epileptic seizure in front of Botticelli's *Spring*. In 2018, one person also fainted in front of Caravaggio's *Medusa*. Schmidt interprets these cases as "proof that art affects reality" (Pinar 2018).

Although many cases of Stendhal syndrome have been reported, this syndrome has not yet been mentioned in DSM-5. This is probably because such clinical cases do not adequately meet dysfunction parameters as a mental health problem according to the revised DSM-5.

The assumption as a particular disorder is that "the impairment in personality functioning and the individual's personality trait signification are not better understood as normative for the individual's developmental stage or sociocultural environment" (Guerrero et al. 2010).

Stendhal syndrome is not considered a disorder in the latest version of DSM, but the manual with the disease classification invention has recently shown that it is probably just an instantaneous problem. In 1989, Magherini, who worked at the Santa Maria Nuova Hospital in Florence, wrote his book *La Sindrome di Stendhal* by observing 106 visitors who had been treated in the emergency room and had been hospitalized in previous years. All patients were brought to the hospital upon stretchers from art galleries and museums in the city. Symptoms are dizziness, palpitations, hallucinations, orientation disorder, loss of identity, and physical burnout (Barnas 2008; Magherini 1989). Magerini describes these clinical features as profound reactions as a result of an encounter with rich Italian culture and historically important characters (Magherini 1989). Trigger factors are an impressionable personality, stress of travel and encountering a magnificent city full of history such as Florence. Possible treatment might beto leave Italy as soon as possible and to return to worldly reality (Barnas 2008; Magherini 1989).

There's no specific treatment for this syndrome. Evidence shows that treatment does not go further than alleviating basic symptoms. Studies show that during the syndrome, brain activity is normal and the brain is involved in consciousness, emotion processing, memory and social interaction (Juarez et al. 2014).

There are some risk factors for this syndrome like other syndromes. Age, sex, marital status, educational level and stress are the main risk factors. Moreover, living alone, being at the end of the journey and religious upbringing are other factors (Sanchez et al. 2017).

CONCLUSION

The objective of this paper was to discuss and understand the background of Stendhal (Florence) syndrome. It's a city-syndrome and is named for the city of Florence. While people

encounter with great artworks and masterpieces, they report the symptoms of a physical disease. It is a behavioral syndrome that shows indications such as anxiety, confusion, euphoria, perception changes and some psychosomatic symptoms. Stendhal syndrome is a short-term and temporary disorder that passes in a short time. There is no specific treatment for this syndrome; moving away from art galleries and museums is the easiest way to cope with it.

RECOMMENDATIONS

Stendhal syndrome is a multidimensional situation, and it has to be handled in an individualized manner. Some conditions can be approved as differantial diagnoses such as ecstatic epilepsy. The syndrome is related to tourism and travelling and popular art-lover cities such as Athens, Venice, Paris and Florence. This shows us there's a connection between emotion and knowledge. Detention booths could be put in art galleries to reduce the effects of this syndrome such as used in the Netherlands. The other way of minimalizing the effects is that tourists could be informed about what they can experience inside the museums and galleries.

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