

# A Note on Psychological Disorders Named After Cities

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This note surveys behavioral syndromes named after cities. Ten such syndromes are examined and are categorized in terms of their tourism, hostage taking, and metaphorical associations.

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A syndrome is a pattern of recognizable, recurrent symptoms associated with a specific disease or psychological disorder (*American Heritage Dictionary*, 2006). Medicine has a long tradition of naming disease syndromes after the places where they were first discovered, for example, Lyme disease is named after Lyme, Connecticut, where the first cases of the bacterial infection were first identified (Steere et al., 1977); Coxsackie virus is named after Coxsackie, New York, where that virus was first discovered (Daldorf and Grifford, 1951). In contrast to disease-linked syndromes named after cities, this article surveys the much less commonly designated psychological syndromes that also take their names from cities. For purposes of discussion, the city syndromes are categorized as “tourist,” “hostage,” and “miscellaneous” syndromes.

## Tourist city syndromes

Tourist city syndromes are behavioral reactions, ranging from relatively mild emotional disturbances to psychoses that occur when some people visit certain cities. The four psychiatric tourist city syndromes that have received the most attention are *Jerusalem Syndrome*, *Paris Syndrome*, *Florence Syndrome*, and *Venice Syndrome*.

### *Jerusalem Syndrome*

*Jerusalem Syndrome*, the best known of all the tourist city syndromes, is a psychological breakdown that happens to some men and women shortly after arriving in Jerusalem. What distinguishes this syndrome from other city syndromes (see below) is its religious focus. Symptoms include delusions like believing one is Jesus, John the Baptist, Mary, Moses, or some other religious figure. People who develop these delusions often go about the streets shouting Biblical verses claiming redemption is

imminent, delivering sermons to that effect, and/or obsessing about bodily purification to the point that they shave all bodily hair, perform repetitive ritual bathing, and compulsively cut their finger- and toenails.

The first cases of *Jerusalem Syndrome* were described and named in the 1930s by Israeli psychiatrist Heinz Herman but it was not until the late 1970s that psychiatrists began tracking and keeping detailed clinical records of cases (Bar-El et al., 1991). There may be comparable reactions among visitors to the Vatican, Mecca, Lourdes, or other spiritual centers, but there are as yet no comparable reports from those cities. *Jerusalem Syndrome* affects about a hundred tourists every year, forty of whom are admitted to hospitals for treatment. Symptoms typically subside within a few weeks of leaving Jerusalem.

### ***Paris Syndrome***

*Paris Syndrome* is a pattern of physical and psychological symptoms that mainly affects first-time Japanese visitors to the City of Light. About twelve Japanese tourists, most of them men and women in their thirties, come down with the syndrome each year. Symptoms include anxiety, delusions like believing their hotel room has been bugged, or that they are France's long dead "Sun King," Louis XIV, and hallucinations. The syndrome was first reported in 2004 in the French psychiatric journal, *Nervure* (Viala et al., 2004).

Japanese tourists are believed to be especially affected because of travel exhaustion, the unsettling contrast between the everyday informality of French city life, such as street vendors shouting at them in a language they do not understand, contrasted with the idealized image of the city, based on movies and commercials as friendly, quaint, and affluent, and reality (Fagan, 2011). The Japanese embassy maintains a twenty-four-hour hotline for tourists who come down with the syndrome and helps them find medical treatment. Most of those affected improve after a few days of bed rest, but some are so traumatized the only cure is to be flown immediately back to their home country under a doctor's care (Fagan, 2011).

### ***Florence Syndrome, aka Stendhal Syndrome***

This is an acute behavioral reaction triggered by the anticipation and then the actual experience of Florence's cultural richness. Milder symptoms include a rapid heartbeat, dizziness, fainting, and hallucinations; about two-thirds of those affected develop paranoid psychoses. The syndrome was first clinically reported by Florentine psychiatrist, Dr Graziella Magherini, in the 1980s (Magherini and Zanobini, 1987). Magherini has since detailed more than a hundred instances of tourists taken to the emergency room at Santa Maria Nuova Hospital in Florence directly from the city's art galleries or museums (Magherini, 1992). Most cases are Western European tourists, twenty to forty years of age; American tourists do not seem as vulnerable, and no instances of the syndrome have been found in people who live in Florence. Treatment is bed rest. Most of those affected are able to go home after a few days.

### ***Venice Syndrome***

*Venice Syndrome* is the decision made by people intent on suicide to kill themselves in Venice, which for them, according to Italian researchers, is the "symbol of death" (Stainer, Ramacciotti, and Colombo, 2001). Between 1988 and 1995, fifty-one

foreigners, both men and women, tried to kill themselves in Venice. Most of them were from Germany (possibly influenced by Thomas Mann's *Death in Venice*), but they also came from England, France, the US, and elsewhere. Sixteen succeeded. The thirty-five who were saved told researchers they had traveled specifically to Venice to kill themselves. Most of the women took drug overdoses; most of the men hurled themselves from hotel windows, jumped from bridges, or tried to drown themselves in the putrid lagoon. Lead researcher Diana Stainer told reporters that the main reason these people had come to Venice was that "in the collective imagination of romantic people, the association of Venice with decline and decadence was a recurring symbol" (Johnston, 2000).

## Hostage city syndromes

The three syndromes in this category derive their names from hostage situations that first came to prominence in the city they are named after.

### *Stockholm Syndrome*

This syndrome refers to the paradoxically emotional feelings or sense of loyalty and cooperation about 25% of people taken hostage, kidnapped, or abused, develop toward their captors or abusers.

The name comes from a bank robbery and hostage situation in the summer of 1973 in Stockholm, Sweden, in which four of the bank's employees were taken hostage for six days. During the ordeal, the hostages (three women, one man) were strapped in dynamite and locked in a vault, while the bank robbers negotiated their way out of the situation. After their rescue, the hostages hugged and kissed their captors, publicly said they were more afraid of the police trying to rescue them than they were of the hostage takers, raised money for their captors' defense, and refused to testify against them at trial. One of the hostages became so attached to one of her captors she later became engaged to him. The feelings that the hostages developed toward their captors was subsequently called *Stockholm Syndrome* by Swedish psychiatrist Dr Nils Bejerot (1974) who worked with police during the incident.

Since *Stockholm Syndrome* was first described, it has been cited to explain why battered wives stay with their spouses, as well as why, in some cases, victims of kidnapping and abuse cooperate with their abusers. One of the better-known subsequent instances is the abduction of then nineteen-year-old "Patty" Hearst in 1974 by a guerilla group, the Symbionese Liberation Army. Despite being raped and beaten during her seventeen-month captivity, she identified with the group and even willingly took part in a bank robbery with them, a crime for which she spent two years in prison until she was subsequently pardoned by President Clinton (Chua-Eoan, 2007). More recently, in 2003, teenage kidnap victim Elizabeth Smart was considered to have developed *Stockholm Syndrome*. After being rescued, police learned she had had several chances to escape but traveled openly with her captors who, she told police, were her parents (Grady, 2003).

### *Lima Syndrome*

*Lima Syndrome* is the opposite of *Stockholm Syndrome* in terms of its dynamics. Instead of the hostages developing positive feelings toward their captors, it is the

captors who develop the positive emotional reactions and bond with their hostages. This eponymous syndrome takes its name from a hostage crisis in Lima, Peru, in December, 1996. In that year, members of the Tupac Amaru Revolutionary Movement (MRTA) took more than 600 guests attending a party at the Japanese Ambassador's Residence in Peru, hostage. Within a few days, the militants set most of the hostages free, including some that were very prominent such as the mother of Peru's then president. After four months of unsuccessful negotiations, in April of the following year, all except one of the remaining hostages were freed after a raid by Peruvian special forces, in which two of the MRTA and one of the commandoes died (Kato, Kawata, and Pitman, 2006).

### ***London Syndrome***

*London Syndrome* is the opposite of both *Stockholm* and *Lima Syndromes*. In this syndrome, one or more of the hostages provokes his/her death by arguing or annoying captors, physically challenging them, trying to escape, or debating political ideology if the captors are terrorists. Captors come to dislike such hostages so intensely, they kill them at the first opportunity.

*London Syndrome* gets its name from a 1981 seige of the Iranian embassy in London in which twenty-six hostages were taken captive. During the siege one of the hostages repeatedly argued with his captors, even though other hostages urged him to keep quiet. Several days into the siege, the captors decided to kill one of the hostages to force compliance with their demands. They chose the argumentative hostage, shooting and then throwing his body out into the street. This prompted a special forces attack, during which several additional hostages were killed (Hall, 2003; Williams and Waltrip, 2004).

Other instances of *London Syndrome* have been subsequently noted, although not labeled as such when the events were first described. One is the stabbing to death of a hostage who ignored orders and repeatedly removed his blindfold during an airline hijacking (Williams and Waltrip, 2004). Another is the shooting of a guard taken hostage during a botched jewelry store holdup in Beverley Hills, California, in 1986. Although tied and lying face down on the floor, the hostage was killed because the robber said he "was talking back to me" (Fuselier, 1991: 714).

### **Miscellaneous city syndromes**

This third category of city syndromes is included primarily because it incorporates a city name in its nomenclature. Unlike the previously mentioned city syndromes, these syndromes rely on a metaphorical attribution for their eponymy.

### ***Amsterdam Syndrome***

This is a term coined by University of La Sapienza sexologist Chiara Simonelli, and subsequently reported in the Italian newspaper, *La Stampa* (Brancaccio, 2008) to describe a phenomenon resembling "sexting," only in this instance, it refers to the behavior of men who show pictures of their naked spouses or themselves having sex with their spouses, with or without their spouses' awareness or consent. This sexually related pattern of behavior should not be confused with the congenital syndrome

by the same name which refers to a common pattern of mental retardation, distinctive facial features, short stature, and other commonly occurring anomalies. The sexually related *Amsterdam Syndrome* was described at the 2008 European Federation of Sexology in Rome, but has not been detailed in any scholarly journal as yet. At the time of this writing, the syndrome has primarily been found among Italian men filming their wives and/or lovers naked and then posting those images on the Internet. The term comes from the Red Light District in Amsterdam where prostitutes invitingly sit in a window area on display.

### ***Brooklyn Syndrome***

This fancifully named syndrome was coined during WWII by Navy psychiatrists examining recruits who seemed to have a “chip on their-shoulders.” Initially regarded as a psychopathology, it occurred so frequently the physicians subsequently recognized it as a pattern of behavior characteristic of men from cities where men are seemingly overly argumentative or personally combative (Wittson, Harris, and Hunt, 1943).

### ***Detroit Syndrome***

*Detroit Syndrome* refers to replacing older workers with younger, faster, and stronger employees with new knowledge skills (Hillier and Barrow, 2011). This form of age discrimination uses the metaphor of Detroit as the “motor city,” and the regular replacement of older car models by newer models for its symbolic meaning.

## **Concluding remarks**

This note describes eleven behavioral reactions linked to a particular city. Of the three categories of syndromes, tourist city syndromes are perhaps the most interesting from an onomastic standpoint. This is because the cities in which they occur hold a special meaning for people due to their cultural and religious significance. The symptoms do not develop *sui generis* in the sense that those cities precipitate their characteristic reactions simply by virtue of their reputations. But it is not unreasonable to assume that people who visit them entertain certain expectations associated with the names of these cities, else why visit them in the first place? This is most evident in the case of Venice Syndrome wherein some people who have decided to end their lives deliberately travel to Venice because it has a special meaning for them that is associated with that place name (Kalian and Witztum, 2002).

Unlike tourist syndromes which are specific to certain places, hostage-related city syndromes take their names from the places they were first publicized, but the behavioral dynamics associated with those names have been generalized to any condition in which people become dependent on abusive situations.

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