Paris Syndrome

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Paris syndrome (French: Syndrome de Paris) is a transient psychological disorder encountered by some people visiting or vacationing in Paris and more generally France and Spain. It is similar in nature to Jerusalem syndrome and Stendhal syndrome.

Japanese visitors are observed to be especially susceptible. It was first noted in Nervure, the French journal of psychiatry in 2004. From the estimated six million yearly visitors, the number of reported cases is significant: according to an administrator at the Japanese embassy in France, around twenty Japanese tourists a year are affected by the syndrome. The susceptilibity of Japanese people may be linked to the popularity of Paris in Japanese culture, notably the idealized image of Paris prevalent in Japanese advertising, which does not correspond to reality.

General characteristics

Paris Syndrome is characterized by a number of psychiatric symptoms such as acute delusional states, hallucinations, feelings of persecution (perceptions of being a victim of prejudice, aggression, or hostility from others), derealization, depersonalization, anxiety, and also psychosomatic manifestations such as dizziness, tachycardia, sweating, etc.

In fact, the observed clinical picture is quite variable, but it has the characteristic of occurring during trips which confront travellers with things they have not previously experienced and had not anticipated. Principal to the diagnosis is that the experienced symptoms did not exist before the trip and disappear following a return to the sufferer's familiar surroundings. This differs from a 'pathological voyage', in which psychiatric disorders are pre-existing.
Triggers

The authors of the journal cite the following matters as factors that combine to induce the phenomenon:

Language barrier - few Japanese speak French and vice versa. This is believed to be the principal cause and is thought to engender the remainder. Apart from the obvious differences between French and Japanese, many everyday phrases and idioms are shorn of meaning and substance when translated, adding to the confusion of some who have not previously encountered such.
Cultural difference - the large difference between not only the languages but the manner. The French can communicate on an informal level in comparison to the rigidly formal Japanese culture, which proves too great a difficulty for some Japanese visitors. It is thought that it is the rapid and frequent fluctuations in mood, tense and attitude, especially in the delivery of humour, which cause the most difficulty.
Idealised image of Paris - it is also speculated as manifesting from an individual's inability to reconcile a disparity between the Japanese popular image and the reality of Paris.
Exhaustion - finally, it is thought that the over-booking of one's time and energy, whether on a

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business trip or on holiday, in attempting to cram too much into every moment of a stay in Paris, along with the effects of jet lag, all contribute to the psychological destabilization of some visitors.

History

Professor Hiroaki Ota, a Japanese psychiatrist working in France, is credited as the first person to diagnose the disease in 1986. However, later work by Youcef Mahmoudia, physician with the hospital Hôtel-Dieu de Paris, indicates that Paris Syndrome is "a manifestation of psychopathology related to the voyage, rather than a syndrome of the traveller." He theorized that the excitement resulting from visiting Paris causes the heart to accelerate, causing giddiness and shortness of breath, which results in hallucinations in the manner similar to the Stendhal syndrome described by Italian psychologist Graziella Magherini in her book La sindrome di Stendhal.

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