

One touch of Venus

Notes on a cardiac arrest at the Uffizi

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Abstract

A recent cardiovascular event at the Galleria degli Uffizi in Florence in December 2018 involving an elderly Tuscan male gathered significant media attention, being promptly reported as another case of the so-called Stendhal syndrome. The victim was at the Botticelli room the moment he lost consciousness, purportedly gazing at the *Birth of Venus*. Medical support was made immediately available, assuring the patient's survival. Taking the 2018 cardiovascular event as a case study, this paper addresses the emergence of the Stendhal syndrome (as defined by the Florentine psychiatrist Graziella Magherini from the 1970s onwards) and similar worldwide syndromes, such as the Jerusalem, Paris, India, White House, and Rubens syndromes. Their congeniality and coevality speak in favor of their understanding as a set of interconnected phenomena made possible partly by the rise of global tourism and associated aesthetic-religious anxieties, partly by the migration of ideas concerning artistic experience *in extremis*. While media coverage and most art historical writings have discussed the Stendhal syndrome as a quizzical phenomenon – one which serves more or less to justify the belief in the “power of art” –, our purpose in this paper is to (1) question the etiological specificity of the Stendhal syndrome and, therefore, its appellation as such; (2) argue in favor of a more precise neuroesthetic explanation for the incident at the Uffizi; (3) raise questions about the fraught connection between health-related events caused by artworks and the aesthetic experience.

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Introduction: Agalmatophilia and aesthetics

“Speak low when you speak love”. While these words in its primordial incarnation belong to Shakespeare’s *Much Ado About Nothing*, they were made famous by the voices of Billie Holliday, Ella Fitzgerald, and, more recently, by Nina Hoss in a heart-shattering performance in *Phoenix*, a 2014 German movie. The song, however, was originally composed by Kurt Weill and lyricized by Ogden Nash for the 1943 Broadway musical *One Touch of Venus*, which was five years later made into a homonymous film². The story spoofs the Pygmalion myth: a barber places the engagement ring he is planning to give to his fiancé onto the finger of a priceless Anatolian statue of Venus, which is being displayed in a New York art gallery. The deity – played in the movie by Ava Gardner, a goddess of the silver screen herself [Fig. 1] – then comes to life and falls in love with the hapless chap. Following a series of farcical events, Venus is spirited away to ancient Greece by magical creatures after realizing how banal was the life of a housewife in the mid-forties United States³. It can be said that this tale ends reasonably well or, at least, bittersweetly so. That, however, is not always the case concerning sexual attraction to statues, dolls, and mannequins, as well as interactions with Aphrodite/Venus.

² See PERELMAN. **One touch of Venus**. Boston: Little, Brown and Company, 1944, pp. 62-63. The lyric’s opening verse is a slight paraphrase of a line in Shakespeare’s *Much Ado About Nothing*, in which Don Pedro says, “speak low, if you speak love.” Cf. II.i.99.

³ PERELMAN, *op. cit.*, pp. 89-102. The movie ending is different though: Venus, unable to resist the summon of her father Zeus, is spirited away to Olympus while still in love with the man who awoke her.



Fig. 1
J.R. Eyerman
Ava Gardner in movie One touch of Venus, March 1948
17.8 x 17.8 inches
The LIFE Picture Collection/Getty Images

On this subject, we could easily remain in the filmic tradition and think back on the sex appeal of *Blade Runner's* replicants; recall the bizarre attraction of an increasingly miserable Giacomo Casanova for Rosalba, the mechanical doll, in Fellini's *Casanova*; or remember the burning at the stake of the *Maschinenmensch*, the succubian gynoid of Fritz Lang's *Metropolis*. If we go a bit further back in our agalmatophilic fictional past, we also find in nineteenth-century literature the doomed interplay between sexual desire and inanimate figurative objects, the latter charged with liveliness by lust. This dynamic is central to the plot of *L'Ève future* (1886) by Villiers de l'Isle-Adam⁴, and, arguably, also to Balzac's rebuke to

⁴ *L'Ève Future*, a quizzical fin-de-siècle novel mixing the myth of Pygmalion with pseudo-scientific jargon was published in serial form by the magazine *La Vie Moderne* from 1885 to 1886. The work is today renowned for having introduced the term "android" and is considered to have pioneered the sub-genre of dystopian fiction.

Romanticism in *Le Chef-d'œuvre inconnu* (1831). However, here we need not remain secluded in our filmic and literary tradition. Richard von Krafft-Ebing in *Psychopathia Sexualis*, his seminal work from 1886 on atypical sexual arousal, refers to an episode in which a gardener was found attempting coitus with the Venus of Milo, as reported by a French magazine in 1887⁵. Furthermore, it can be said that, while the late nineteenth-century *jardinier* fell prey to the appetitive part of his soul, he did not deviate much from classical tradition. After all, attempts to have intercourse with sculptures of Aphrodite/Venus do date back to antiquity.

The first reported cases of sexual attraction to statues in the ancient Greek world are found in the Hellenistic period, the most significant ones dating from the early third century B.C. Around this period, for instance, a man named Cleisophus of Selymbria, having discovered that preputial skin does not rub well on marble (even of the smooth Parian kind), placed a piece of flesh on the statue of a young maiden in order to consummate his lust. Macareus of Perinthus, infatuated with Praxiteles' *Cnidian Aphrodite* [Fig. 2], was a tad smarter, opting for a prostitute instead of the cold, hard surface of the stone (he was purportedly counseled to do so in a dream by the goddess herself though⁶). The most well-known episode also involves Praxiteles' long-lost masterpiece, but with a tragic twist. In Pseudo-Lukian's *Affairs of the Heart*, the narrator, while visiting the Cnidian temple of Aphrodite with two friends of his, notices a small stain in the cult statue's thigh. After asking the temple's warden what had caused it, he was told by the *neokoros* the story of a young nobleman who, enamored of the sculpture, hid in Aphrodite's temple and ravished her cult image at night, thus leaving the corrupting mark. Guilt-ridden, the youth later committed suicide: he hurled himself over a cliff, disappearing in the waves of the

⁵ KRAFFT-EBING. **Psychopathia sexualis**. Trans. Charles Gilbert Chaddock. London: F.J. Rebman, 1894, p. 396.

⁶ For a commentary on agalmatophilia in the ancient Greek world and the widespread belief that statues could be animated, see CORSO. "Ancient Greek Sculptors as Magicians". **Quaderni Ticinesi di Numismatica e Antichità Classiche**. v. 28, 1999, pp. 97–111.

Cnidian sea⁷.



Fig. 2
Praxiteles (copy after)
Colonna Knidia, c. 350-330 B.C.
Marble
Museo vaticano, Vatican City

Unless we are to believe that someone in antiquity had corrosive sperm, then we certainly have to consider Pseudo-Lukian's account a fictional one (at least in parts). Nevertheless, this story does seem to epitomize a widespread attitude concerning sculptures in the ancient Greek world,

⁷ PSEUDO-LUKIAN. *Amor*. 13-17. On Pseudo-Lukian's account of the rape of Praxiteles' Aphrodite and issues of ancient Greek material culture and visibility, see MYLONOPOULOS. "Divine Images versus Cult Images. An endless story about theories, methods, and terminologies". In: MYLONOPOULOS, Joannis (Ed.). **Divine images and human imaginations in Ancient Greece and Rome**. Leiden; Boston: Brill, 2010, pp. 1-19. See also ELSNER, "Between Mimesis and Divine Power: Visuality in the Graeco-Roman World". In: NELSON, Robert S. **Visuality before and beyond the Renaissance**. Cambridge: Cambridge University Press, 2000, pp. 45-69.

which were thought to be endowed with feelings, movement, voice, hearing, and even juridical powers. Here one might as well try to counter the historical hemorrhage of agalmatophilic impulses by merely stating that Pagan mentality had a much more visceral connection to cult imagery and that the Hellenistic period abounded with quizzical artistic forms (and even more quizzical reactions to them). However, the fact that this sort of lustful interaction with sculptures has cross-historical echoes in the medieval Christian world should at least give pause to such a line of thought: we also find references to the liveliness and magical nature of Venus' marble sculpture in a mid-twelfth century guide to the wonders of Rome by a certain Master Gregory, an Oxonian scholar. The author states that he felt so compelled by the sculpture's quasi-miraculous naked body and also by some unknown magic spell – “nescio quam magicam persuasionem” – that thrice he went to see the marbled goddess⁸.

Modern artistic appreciation might be correct in dismissing such extreme appreciation for Venus' imagery as primitive behavior, still to be groomed by later developments in aesthetic theory. Eduard Hanslick argued as much in his *Vom Musikalisch-Schönen* (1854), dismissing ancient Greek musical modes as purely sensorial and emotional. According to the German critic, this kind of music was not properly artistic, for its effect “on the emotions does not possess the attributes of inevitableness, exclusiveness, and uniformity that a phenomenon from which aesthetic principles are to be deduced ought to have”⁹. Hanslick's aesthetic puritanism and circular reasoning may well be excused for its embattled mid-eighteenth century context. He was, after all, pushing against what he judged to be the

⁸ “Haec autem imago ex Pario marmore tam miro et inexplicabili perfecta est artificio, ut magis viva creatura videatur quam statua: erubescunt etenim nuditatem suam similis, faciem purpureo colore perfusam gerit ... Hanc autem propter mirandam speciem et nescio quam magicam persuasionem ter coactus sum revisere, cum ab hospitio meo duobus stadiis distaret.” Cf. **De mirabilibus urbis Romae**, 12.

⁹ HANSLICK. **The beautiful in music – A contribution to the revival of musical aesthetics**. Trans. Gustav Cohen. London: Novello and Co., 1891, p. 26. For Hanslick's condemnation of the ancient Greek modes, see pp. 131-134.

excessive sentimentalism of Wagner and Liszt¹⁰ –, but should we, in our visual-frenzy age, simply disregard extreme emotional and physiological reaction as outlier cases, to be dismissed as infra-, para- or extra-aesthetic events? Indeed not, especially because ill-fated interactions with Aphrodite’s imagery are not locked in the past. In December 2018, for example, a visitor to the Uffizi Galleries passed out in front of Botticelli’s *Birth of Venus* [Fig. 3].



Fig. 3

Sandro Botticelli

Birth of Venus, c. 1482

Tempera on canvas, 185.5 x 285.5 cm

Galleria degli Uffizi, Florence

¹⁰ Hanslick opposed the musical innovations introduced by Wagner and Liszt in favor of the more traditional music of Brahms, thus taking part in what music historians have labeled as the War of the Romantics (a Germanophone aesthetic schism that coalesced circa the 1850s). He understood music as “sound in movement” and not as the expression of feelings and emotions, an essential argument for the formalist movement: “The *form* (the musical structure) is the real *substance* (subject) of music — in fact, is the music itself, in antithesis to the feeling, its alleged subject, which can be called neither its subject nor its form, but simply the effect produced.” Cf. HANSLICK, *op. cit.*, p. 128.

Cardiac arrest in the Uffizi

The victim was a seventy-year-old retiree from the Florentine province who was visiting the museum with his family. While purportedly gazing at Botticelli's work, he suffered a sudden cardiac arrest (SCA) and fell on the floor. Fortunately, two visiting physicians – a plastic surgeon and a cardiologist – were in the Botticelli room at the moment. The couple was able to assist the victim immediately, first proceeding with cardiac massage and shortly after – with the prompt arrival of two other colleagues – alternating it with the bag valve mask (the standard procedure in cardiopulmonary resuscitation, or CPR). They continued to do so until the cardiac rhythm was ready for the use of the defibrillator, whose usage led the patient to recover conscience. The ambulance came only fifty minutes later, taking the older man to the nearby Careggi University Hospital. The immediate relief offered by the physicians was essential, for the rate of sudden cardiac death (SCD) is exceptionally high without immediate medical assistance¹¹. The victim has apparently recovered from his unfortunate visit to the Uffizi¹².

The knowledge of the precise medical procedure employed in this case is significant, for it allows us to establish that the patient probably suffered a ventricular fibrillation arrest (VFIB) and not a ventricular tachycardia (VT), the two leading causes of SCA. Both events are triggered by an improper electrical activity of the heart's ventricles, and their etiology is generally a congenital heart condition, such as cardiomyopathy. Their pathophysiology, however, is slightly different: VT is characterized by a uniform fast heart rate that produces abnormal electrical impulses, which leads to SCA if sustained for an extended period; VFIB occurs due to chaotic heart

¹¹ The percentage of survival for out-of-hospital cardiac arrest varies greatly depending on the region; however, it generally falls under 20 percent. See BERDOWSKI, J. et al. "Global incidences of out-of-hospital cardiac arrest and survival rates: systematic review of 67 prospective studies". **Resuscitation**. V. 81, n. 11, Nov. 2010, pp. 1479-1487.

¹² TANTERI, M. "Così abbiamo salvato una vita". **Live Sicilia**. Dec. 19, 2018. Available in: <https://catania.livesicilia.it/2018/12/19/infarto-agli-uffizi-parla-medico-catanesecosi-gli-abbiamo-salvato-la-vita482740/>. Accessed on March 5, 2019.

contractions, leading to an ineffective cardiac output that engenders hemodynamic collapse. The immediate medical procedure is also distinct: VT is often treated with assisted breathing and intravenous catheters, while the treatment for VFIB is usually CPR followed by defibrillation as soon as a shockable rhythm is achieved¹³.

The true cause of the incident, at least according to the media and the vox populi, was obvious: it was an acute case of Stendhal Syndrome (SS), also known as Florence Syndrome or by the facetious medical neologism “hyperkulturemia”¹⁴. One should not be too quick to jump to conclusions, though. Isn’t it possible, for instance, that the seventy-year-old man had a chronic heart condition, triggered by the exhaustion of walking up and down in the city? Or that the SCA was simply meant to be, and it was by way of some unknown pathogenetic etiology that an electrical malfunction of the heart occurred in front of Botticelli’s work? Years ago, when asked about the SS, an Uffizi security guard gave voice to this sort of skepticism by stating: “sure, a few people faint every year and we have to call an ambulance, but how do I know whether it’s the paintings that do it? They don’t shout ‘it’s the art, it’s the art’ as they go down”¹⁵. Eike Schmidt, the director of the Uffizi, also expressed some rhetorical reserve when asked if the cardiac arrest in December 2018 was indeed a case of SS. Initially

¹³ For the differences of treatment in cases of VT and VFIB, see BALDIZHAR, et al. “Ventricular tachycardias”. **Critical Care Nursing Clinics of North America**. V. 28, n. 3, Sep. 2016, pp. 1-13, esp. 5-8.

¹⁴ Among the many newspaper articles that have covered the incident, see “Firenze, colto da maleore agli Uffizi davanti alla Venere di Botticelli: ‘Ci sono stati altri casi’”. **La Repubblica**. Dec. 15, 2018. Available in: <https://firenze.repubblica.it/cronaca/2018/12/15/news/firenzecoltodamaloreagliuffizidavantiaveneredibotticellisalvatoda4medici-214337536/>. Accessed on March 5, 2019. See also JONES. “Stendhal syndrome: can art really be so beautiful it makes you ill?”. **The Guardian**. Dec. 18, 2018. Available in: <https://www.theguardian.com/artanddesign/shortcuts/2018/dec/18/stendhal-syndrome-botticelli-the-birth-of-venus>. Accessed on March 5, 2019. For one of the first documented usages of hyperkulturemia – which can be roughly translated as “excess of culture in the blood” – see Fried. “The Stendhal syndrome. Hyperkulturemia”. **Ohio Medicine: Journal of the Ohio State Medical Association**. V. 84, n. 7, July 1988, pp. 519-520.

¹⁵ GRAUMAN. “Stendhal’s syndrome: Overdosing on art”. **Wall Street Journal**. New York, N.Y., Aug. 19, 1987, sec. Leisure & Arts, 1.

remarking that he was not a doctor, and therefore was not qualified to state an opinion on the matter, he went on to say that “all I know is that visiting a museum like ours, which is so full of masterpieces, can certainly cause emotional, psychological and even physical stress.” Schmidt added, however, that this kind of incident was not wholly unusual, noticing that someone had recently fainted in front of Caravaggio’s *Medusa*¹⁶. It serves not our purposes at this point to scrutinize Schmidt’s remarks for traces of *Schadenfreude* concerning the afflictions of visitors as an added value to the Uffizi’s prestige; nor should we pay much attention now to the facile underlying hypothesis that a surplus of masterpieces – however one may define such haughty term – necessarily produces some sort of neurophysiological overload. Schmidt’s salesman braggadocio notwithstanding, his comments are revealing with regard to at least one point: if those events were indeed cases of extreme physiological reaction to aesthetic experience, then it is noteworthy that they did occur inside a museum and in front of mythological figures – the winsome Venus and the ghastly Medusa – whose gaze we are made to confront directly, with an odd feeling of reciprocity added to it.

The Stendhal syndrome

The SS was first described by the Florentine psychiatrist Graziella Magherini in her book *La sindrome di Stendhal*, published in 1989¹⁷. From her experience at the Santa Maria Nuova, a hospital in the heart of Florence, Magherini diagnosed the SS based on 106 patients who were admitted between July 1977 and December 1986 for acute psychotic

¹⁶ “A tourist suffered a heart attack after gazing at Botticelli’s Venus. Was it a case of ‘Stendhal syndrome’?”. **Artnet News**. Dec. 19, 2018. Available in: <https://news.artnet.com/art-world/heart-attack-botticelli-uffizi-1425448>. Accessed on March 5, 2019.

¹⁷ MAGHERINI. **La sindrome di Stendhal**. Florence: GEP spa, 1989. For a more up-to-date assessment of her earlier writings, see MAGHERINI. **I’ve fallen in love with a statue: Beyond the Stendhal syndrome**. Florence: Nicompi L.E., 2007.

attacks¹⁸. She divided these disorders into three main psychiatric profiles: predominance of thought disorders (e.g., disturbances of perception and paranoia), predominance of affect disorders (e.g., bouts of depression or omnipotent euphoria), and somatized anxiety (e.g., panic disorders followed by somatic symptoms such as chest pain and tachycardia)¹⁹. Some of the odder symptoms include hallucinations, remembrance of past lives, autoscopy, vertigo, immobility, feelings of atemporality, and iconoclastic impulses²⁰. Of all the patients, two-thirds displayed predominant thought disorders, over a quarter affect disorders, and only five presented somatized anxiety²¹.

All of the patients diagnosed by Magherini with SS were foreigners traveling for leisure: the majority were single, aged between 25 to 40, and had completed high school (only 9% had a college degree); there was a slim majority of men over women and a significantly higher percentage of Western Europeans compared to North Americans and Oceanians (in the ratio of 18:1), although no Italians were at the time diagnosed with the SS. Most patients were traveling alone, specifically to see art under non-scheduled itineraries; a greater part of them had psychiatric precedents (the most significant factor, according to Magherini²²). The disorders tended to occur after the patients' arrival in Florence, often inside museums or in the hotel's bedroom²³. The median limit of a stay at the Santa Maria Nuova was four days, and the clinical outcome was usually satisfactory. Most patients opted to return home after recovery²⁴. The cases overseen by Magherini were a sporadic affair: in 1986, of a total of 1,143,893 foreign tourists in Florence, only a handful were admitted to Santa Maria Nuova for

¹⁸ *Ibid.*, p. 185.

¹⁹ *Ibid.*, p. 186.

²⁰ MAGHERINI, 1989, pp. 60-65, 88-93. See also MAGHERINI, 2007, pp. 185-186.

²¹ *Ibid.*, p. 187.

²² *Ibid.*, p. 189.

²³ *Ibid.*, pp. 185-189.

²⁴ *Ibid.*, p. 188.

psychiatric care²⁵.

The accounts themselves, however, are disturbing enough. One of Magherini's patients, named as Martha, said that she was called on by angels while visiting the Museo del Convento di San Marco; these spiritual beings changed her optical perception of the objects she saw around her and later morphed into demons. By the end, Martha was convinced that the devil himself would appear in Florence on that day²⁶. In the Boboli Gardens, an unnamed woman was found "in a painful and numbing ecstasy," her hands clutching some drawings she had made of Botticelli's *Primavera* and *Birth of Venus*²⁷. Franz – a patient whom Magherini considered a closeted homosexual – had an intense tachycardia in front of Caravaggio's *Adolescent Bacchus*²⁸ [Fig. 4]. Lilibet, who was deeply disturbed in the Bargello by Donatello's *David* [Fig. 5], later told Magherini that she felt as if the sculpture of the "lovely youth" was actually looking at her. "For me," Lilibet says, "he was alive. Then I grew terribly frightened. I had the sensation that he was falling upon me. I felt I was losing my bearings; I didn't understand what was happening, and I thought I was going mad. I don't know how long it lasted."²⁹

²⁵ MONTALBANO. "Prey to Stendhal syndrome beauty of Florence's art distresses some tourists". **Los Angeles Times**. Los Angeles, Calif., November 21, 1987.

²⁶ MAGHERINI, 1989, pp. 86-87; see also MAGHERINI, 2007, pp. 172-173.

²⁷ *Ibid.*, p. 172.

²⁸ MAGHERINI, 1989, pp. 50-53.

²⁹ MAGHERINI, 2007, pp. 174-175.



Fig. 4

Michelangelo Merisi da Caravaggio

Bacchus. c. 1597-1598

Oil on canvas, 95 x 85 cm

Galleria degli Uffizi, Florence



Fig. 5
Donatello
David. c. 1440
Bronze, 158 cm
Museo del Bargello, Florence

It may well be argued that these are extreme outlier experiences, produced by an unusual combination of underlying psychopathologies, the stress of intense tourism (including the effects of depersonalization in an alien culture), and environmental factors (e.g., the Florentine heat). It can also be said that such events lie somewhat beyond the pale of proper aesthetic

reaction, for many of the patients had little previous artistic education and did indeed go to Florence to school themselves in the city's high cultural atmosphere. However, the pale's boundary lines become somewhat blurred when one compares Lilibet's testimony with a personal description by Bernard Berenson – a high aesthete, by all accounts – of what he dubs the “aesthetic moment”:

In visual art the aesthetic moment is that flitting instant, so brief as to be almost timeless, when the spectator is at one with the work of art he is looking at, or with actuality of any kind that the spectator himself sees in terms of art, as form and colour. He ceases to be his ordinary self, and the picture or building, statue, landscape, or aesthetic actuality is no longer outside himself. The two become one identity; time and space are abolished and the spectator is possessed by one awareness. When he recovers workaday consciousness it is as if he had been initiated into illuminating, exalting, formative mysteries. In short, the aesthetic moment is a moment of mystic vision³⁰.

Berenson's verbiage and lofty allusions to Plotinian transcendence notwithstanding, is it a stretch to affirm that both accounts – his and Lilibet's – seem to refer to the same kind of artistic experience? Both speak about self-merging with the artwork by way of vision, embodiment, altered states of consciousness, and art-induced awe. The only difference between them being that while Berenson spoke about it calmly and self-aggrandizingly, Lilibet – not in possession of the same rhetorical powers as the aged connoisseur – mainly expressed angst and, arguably, repressed sexuality.

Berenson is not the only famous, highly sensitive person to have lost his bearings in front of an artwork. Proust allegedly suffered from dizziness, tachycardia, and loss of consciousness when he saw Vermeer's *View of Delft* in 1921³¹ [Fig. 6]; Dostoyevsky experienced severe paralysis when

³⁰ BERENSON. *Aesthetics and history in the visual arts*. New York: Pantheon, 1948, pp. 48-49.

³¹ TEIVE; MUNHOZ; CARDOSO. “Proust, neurology and Stendhal's syndrome”. **European**

facing *The Body of the Dead Christ in the Tomb* by Holbein³² [Fig. 7]; and Freud wrote about his feelings of alienation and depersonalization while visiting the Athenian Acropolis³³. However, the most famous account – and the most germane to our discussion – is undoubtedly that of Marie-Henri Beyle.



Fig. 6

Johannes Vermeer

View of Delft, c. 1660-1661

Oil on canvas, 96.5 x 115.7 cm

Mauritshuis, The Hague

Neurology. V. 71, n. 5-6, 2014, p. 298.

³² PALACIOS-SÁNCHEZ et al. "Stendhal syndrome: A clinical and historical overview". **Arquivos de Neuro-Psiquiatria**. V. 76, n. 2, Feb. 2018, p. 121.

³³ Magherini wrote extensively about Freud's visit to the Athenian Acropolis. See MAGHERINI, 1989, pp. 111-137; see also MAGHERINI, 2007, pp. 193-220.



Fig. 7

Hans Holbein the Younger

The body of the dead Christ in the tomb. c. 1520-1522

Oil and tempera on limewood, 30.5 x 200 cm

Öffentliche Kunstsammlung, Basel

Under the pen name of Stendhal, the French writer describes in his travel memoir titled *Rome, Naples et Florence* (1817) how he felt the greatest pleasure of his life after seeing Volterrano's *Sibyls* (figs. 8-12) for the first time in Santa Croce on January 22, 1817. Stendhal writes that “absorbed by the contemplation of sublime beauty,” he could perceive it close at hand, that he “could touch it, so to speak”³⁴. After leaving Santa Croce, Stendhal states that he suffered from tachycardia and dizziness. He was rescued, so to say, by the reading of Ugo Foscolo's poetry, whose verses had an allostatic effect on him. Stendhal considered the overall experience to be wholly beneficial, for two days after the event he wrote that the remembrance of it gave him a rather sassy idea: it was better to have a sensibility like his than being a member of the upper classes³⁵.

³⁴ “Absorbé dans la contemplation de la beauté sublime, je la voyais de près, je la touchais pour ainsi dire.” STENDHAL. **Rome, Naples et Florence**. Paris: Michel Levy Ed., 1854, p. 207.

³⁵ “Le surlendemain, le souvenir de ce que j'avais senti m'a donné une idée impertinente: il vaut mieux, pour le bonheur, me disais-je, avoir le cœur ainsi fait que le cordon bleu.” Cf. *ibid.*, p. 208. The members of the Order of the Holy Spirit (a French order of chivalry founded in 1578 by Henry III) wore the order's insignia attached to a blue riband; over time, the expression “cordon bleu” became a metonymy for the highest social status.





Figs. 8-12

Volterrano

Incoronazione della Vergine e Sibille. 1680-1683

Fresco

Capella Niccolini, basilica di Santa Croce, Florence

Graziella Magherini's theory of aesthetic fruition³⁶

Stendhal's account is essential for Magherini's diagnosis not just for onomastic reasons³⁷, but also because it expresses, in a nutshell, her theory of artistic appreciation. According to her, the combined effect of sentimental voyages and intense artistic experiences can evoke unconscious process by lowering the Ego's control over the psyche. Unconscious, a-symbolic conflicts are thus brought to the fore, and this uprush of the Id – the sudden eruption of pre-conceptual emotional energies – is enough to provoke the states of crisis characteristic of the SS. At this point of extreme Self-decentering, however, higher cognitive processes – e.g., the reading of Foscolo's poetry – may have an integrative effect on the psychic conflicts brought about by the artistic experience. In most cases scenarios, Magherini suggests, such a crisis can produce a therapeutic effect, allowing the victim to consciously process negative instinctual energies that would otherwise remain latent³⁸.

This summary, however, refers to the early Magherini, by then too exclusively dependent on Freud's tripartite model of the psyche. Over the years, she has attempted to fine-tune and update the conceptual armature of the SS. Drawing upon a variety of authors such as Ernst Kris, Melanie Klein, Donald Winnicott, and Franco Fornari, Magherini came up with a neat formula to account for individual appreciation of artwork or artistic performance: *Artistic Fruition = C1. the primary mother-child aesthetic experience + C2. the uncanny + C3. the selected fact + F*. This model-equation contains three variables and one constant. C1 refers to developmental psychology, and presupposes that the fulcrum of the aesthetic experience lies in early bodily interactions between caregiver and

³⁶ The term "fruition" is employed by Magherini herself, most likely a mistranslation into English of the Italian *fruizione*, which in this context means the appreciation of an artwork.

³⁷ According to Magherini, she decided to name the syndrome after Stendhal, because in works like *Rome, Naples et Florence* (1817), *Promenades dans Rome* (1829), and *Mémoires d'un touriste* (1838), "lo scrittore francese registra del viaggio non la sola valenza culturale, ma la scala delle reazioni psichiche." Cf. MAGHERINI, 1989, p. 49.

³⁸ *Ibid.*, pp. 139-153.

infant; C2 alludes to the notion of Freudian *perturbing* (*Unheimlich*), meaning forgotten conflicts or deep-seated emotional experiences which are, nonetheless, profoundly active and meaningful; C3 refers to a specific characteristic or quality of any given work which may catalyze the emergence of powerful emotions and, at the same time, connect seemingly disparate aspects of the observer's life (which achieves a new synthesis at this moment); F – the only constant of the equation – stands for "artistic value," meaning the specificities of the artwork (i.e., form, style, and subject-matter). Fundamental to this process is Ernst Kris' notion of *aesthetic illusion*, according to which the artistic experience is felt neither as too real – e.g., hallucination – nor as patently false – i.e., disinterested detachment –, but as a liminal event, which allows the Id to have its say in an environment of socially accepted emotional flowering. In this sense, artistic appreciation oscillates between luminous and dark regions, ideally in a positive feedback loop³⁹.

Magherini's decade-long efforts and the widespread interest for the SS notwithstanding, the condition has not yet been recognized by the *Diagnostic and Statistical Manual of Mental Disorders*, published by the APA, nor by the *International Classification of Diseases*, maintained by the WHO⁴⁰. In fact, skepticism abounds concerning it. Some have explained it away by environmental causes – the aforementioned Florentine heat, for example – or by pure and simple travel exhaustion, the natural outcome of trying to see too much in too little time (a New York Times's columnist once remarked that North American tourists "have to 'do' Florence, Rome, and Naples in 2 days, and it almost kills them. And many of them really just want to be back home with the telly on."⁴¹) The writer Julian Barnes has

³⁹ For Magherini's full account of her so-called "model of artistic fruition", see MAGHERINI, 2007, pp. 221-264.

⁴⁰ BAMFORTH. "Stendhal's syndrome". **British Journal of General Practice**. V. 60, n. 581, Dec. 1, 2010, p. 945.

⁴¹ *Ibid.*, p. 946. Louis Inturrisi has half-jokingly proposed an undiagnosed pathology whose effects are the complete opposite of the Stendhal Syndrome. Naming it Mark Twain Malaise, in honor of the writer who once commented that the copies of Leonardo da Vinci's *Last Supper* were better than the real thing, Inturrisi proposed this malaise to describe contemporary apathy in front of famous

also cast aspersion on the syndrome. He did so by going back not to Stendhal's published version of his *voyage sentimental*, but to Marie-Henri Beyle's original diary. In it, the account of the writer's entrance in Florence is much more prosaic, mentioning swollen feet and pinching boots, but no heart palpitation or aesthetic dizziness, no sudden rescue by Foscolo's poetry. Barnes insinuates that cases of Stendhal's syndrome are more or less a contemporary necessity, predicated on the secular soteriological powers of art: we were made to believe – and feel compelled to, for systemic reasons – that it is the duty of art to save us from the mundanity of our lives⁴², as if a magnificent painting could sound trumpets, break seals, and announce the Parousia.

A more efficient criticism of the SS, however, came from Florentine neurobiologists, who debunked it for not possessing sufficient psychopathological specificity⁴³. What this means is that its etiology is overly heterogeneous, and its symptoms too wide-ranging for it to fit any particular diagnostic category. Furthermore, the fact that similar so-called syndromes now abound around the world is an additional counter-argument

monuments and artworks as a by-product of mass media, mass reproduction, and Las Vegas-like miniature copies. See INTURRISI. "Going to Pieces Over Masterpieces". **The New York Times**. Nov. 6, 1988.

⁴² BARNES. **Nothing to be frightened of**. Toronto: Random House Canada, 2008, pp. 72-77, 222-231. Bamforth also comments on this modern need for artistic soteriology: "It hasn't stopped hundreds of people reacting to great art in the hope that subject and object will merge in a true fellowship of feeling. That idea is as old as Plato, who still had some qualms about the ritualistic nature of aesthetic objects and the violence of inspiration (as when we talk about being 'struck' by a work of art). Art can be so powerful that we forget its unpredictability, and faint like Mary at the cross. All those scenes were familiar too to Stendhal, who made a cult of spontaneity but whose novels know that in the world of desire a little water is always enough to prime a pump." Cf. BAMFORTH, *op. cit.*, p. 946.

⁴³ INNOCENTI et al. "The Stendhal Syndrome between psychoanalysis and neuroscience". **Rivista di Psichiatria**. V. 49, n. 2, April 2014, pp. 61-66. Innocenti, despite incisively dismissing the SS for its overall lack of etiological specificity, does not adequately address the schematic nature of Magherini's proposition, being prey to the same generalist overviews that seems to erode the credibility of Magherini's model fundamentally. For example, at one point she states that psychoanalysts agree that "gli artisti tramite le loro opere comunicano conflitti infantili profondi, fantasie edipiche represses che si manifestano sotto forma di espressione artistica, come accade con i sogni" (see p. 62). Such an understanding of artistic expression does not take into account, for instance, the conscious regulatory processes that seem so fundamental to the production of an artwork.

to the etiological specificity of the SS⁴⁴.

This last point is an interesting one, for it both casts aspersion on Magherini's diagnosis as well as reveals that the cases associated with the SS are part of a much broader trend, still to be thoroughly investigated as a set of interconnected phenomena. The Jerusalem syndrome, for instance, is characterized by a short-lived psychotic decompensation of tourists visiting the holy city: people were found wandering naked between Jerusalem and Jericho; a pilgrim believed himself to be the reincarnation of John the Baptist; tourists suddenly began preaching as if they were the Messiah; and an American Jew thought that he was Samson, later attempting to remove a stone from the Wailing Wall. It has been estimated that around 100 visitors to Jerusalem per year have shown symptoms of the syndrome, 40 of whom have required hospitalization⁴⁵. Magherini, who took notice of the Jerusalem syndrome, has attempted to safeguard the etiological specificity of the SS by stating that the difference between the two "is that the Jerusalem Syndrome has a mystical-religious basis whereas the SS is based on an overwhelming emotional response to works of art", the former being "a sort of messianic crisis with religious parameters."⁴⁶ The India syndrome and the White House syndrome are akin to the Jerusalem syndrome, the former describing Western tourists who go missing in India due to some kind of spiritual awakening⁴⁷ while the latter refers to visitors to Washington, D.C., who demand to speak to the president or who declare themselves to be POTUS⁴⁸. The Paris syndrome

⁴⁴ *Ibid.*, pp. 64-65.

⁴⁵ TEIVE; MUNHOZ; CARDOSO, *op. cit.*, p. 298. For an overview of the Jerusalem syndrome, see BAR-EL et al. "Jerusalem Syndrome". **The British Journal of Psychiatry**. V. 176, n. 1, Jan. 2000, pp. 86-90.

⁴⁶ MAGHERINI, 2007, pp. 191-92. This reasoning is certainly odd, especially if we consider that many of the accounts collected by Magherini have mystical-religious biases, such as the case of Martha in the Museo del Convento di San Marco.

⁴⁷ For a brief description of the India syndrome with an additional bibliography, see NORMAN. "The turn East". In: NORMAN, Alex (Ed.). **Journeys and destinations: Studies in travel, identity, and meaning**. Cambridge Scholars Publishing, 2013, pp. 135-137.

⁴⁸ SHARPLESS. *Unusual and Rare Psychological Disorders: A Handbook for Clinical Practice and*

was first described in the late 1980s by Hiroaki Ota, a Japanese psychiatrist: several Japanese tourists, having returned from Paris, presented psychic or psychosomatic disorders such as hallucinations (visual and auditory), paranoid persecutory delusion, depersonalization, dizziness, tachycardia, heart palpitations, and shortness of breath⁴⁹. The abundance of site-specific episodes of mental disorders has led to the coining of the term “city-syndromes,” a hypernymy that accounts for the inherent duality of these phenomena: they are both highly context-dependent and, at the same time, globally widespread⁵⁰. The syndrome most congenial to the SS, however, is the Rubens syndrome, which refers to sexual arousal during the viewing of Old Masters’ paintings in museums (especially those pictures imbued with racy formal qualities)⁵¹.

This plethora of new worldwide syndromes does seem to invalidate the specificity of Magherini’s SS, especially so because her diagnosis is fundamentally mired in the exceptionality of Italian artistic culture. According to Magherini, “the Stendhal Syndrome occurs most frequently in Florence, because we have the greatest concentration of Renaissance art in the world.”⁵² Such an argument, if *reductio ad absurdum*, results in a kind

Research. Oxford University Press, 2017, pp. 210-211.

⁴⁹ OTA et al. “Les Japonais en voyage pathologique à Paris: un modèle original de prise en charge transculturelle”. *Nervure: Journal de Psychiatrie*. V. 17, n. 5, pp. 31-34.

⁵⁰ HALIM. “Mad tourists: The ‘vectors’ and meanings of city-syndromes”. Retrieved from: www.interdisciplinary.net/ptb/persons/madness/m1/halim%20paper.pdf. Accessed on March 5, 2019.

⁵¹ The Rubens syndrome, first described by Italian psychologists in 2001, can be considered an offshoot of the Stendhal syndrome, the difference being that those affected by the former have their sexual desires aroused. Some of the cultural prejudices that seem to trouble Magherini’s theory are also present in the Rubens syndrome: the sexologist Serenella Salomoni, for instance, believes that foreigners are more affected by the Rubens syndrome than Italians for the latter are less sexually repressed. See TURNER. “Pickup artists”. *ARTnews* (blog). Oct. 1, 2001. Available in: <http://www.artnews.com/2001/10/01/pickup-artists/>. Accessed on March 5, 2019. See also GUY. “The shock of the old”. *Frieze Magazine*. V. 72, Jan./Feb. 2003. Available in: http://www.frieze.com/issue/article/the_shock_of_the_old. Accessed on March 5, 2019.

⁵² MAGHERINI, Graziella. “Confrontations: An interview with Florentine psychiatrist Graziella Magherini”. *Metropolism Magazine*. N. 4, 2008. Interview by Maria Barnas. Available in: <http://metropolism.com/magazine/2008-no4/confrontaties/english>. Accessed on March 5, 2019. Magherini’s vague theorem here is that cultural upbringing and impregnation have a formative effect that is akin to an aesthetic-spiritual vaccination.

of *Ortgeist* vitalism, oddly reminiscent of Winckelmann's proposition on the environmental etiology of the greatness of ancient Greek art⁵³. Furthermore, if we are to thoroughly follow Barnes' insinuations about contemporary soteriological credence in secular aesthetic experience, then these so-called syndromes should be understood as part and parcel of tourism marketing, in which the access to would-be authentic artistic emotions is conditioned by the physical visit to a "city of art", that is, to the privileges of situated gaze and the expenditure of money necessarily involved⁵⁴. Magherini's jingoistic aesthetics must be understood in the broader framework of the socio-economical mechanisms that posit Florence as a museum city and from which much of its profit derives. In this sense, Schmidt's crypto-Schadenfreudian remarks on health-related incidents in the Uffizi, as well as Magherini's judgment that the SS usually results in an improved mental state, are indeed connected to larger financial endeavors. These ideations are fundamentally dependent on the notion that paid access to a highly charged material culture can discharge inhibited emotional content that will, ideally, lead to psychological development once the crises are overcome. Sightseeing in Italy, in other words, may force one to become a better person (as long as the sightseer can pay for it).

As a matter of fact, our case would not wholly fit into Magherini's theory. The older man who suffered a heart attack was, after all, an Italian (and also a Florentine), a category of being supposedly immune to the SS due to its native habituation to the country's high aesthetic pressure. Furthermore, while some of the cases described by Magherini do involve some kind of

⁵³ Even Magherini's most recent work – purportedly more critical and theoretically grounded – presents rather simplistic formulations, such as: "This land [Italy] vibrant with the energy of emotions, of life lived to the full, of a life gratified by beauty and love, is the great romantic image animating the pages of [Stendhal's] Italian chronicles and tales of travel." MAGHERINI, 2007, p. 179.

⁵⁴ The potential of touristic cities to exploit emotional behavior towards site-specific monuments and artworks is made explicit in AMENDOLA. "Le emozioni e la città: dalla sindrome di Stendhal all'emotional city marketing". *Territorio*. N. 73, June 2015, pp. 7-12. Magherini herself calls Florence a "city of art" ("città d'arte, quale è Firenze"). Cf. MAGHERINI, 1989, p. 75.

cardiac arrhythmia or precordial oppression, none actually involved a myocardial infarction or SCA. An elusive, elided question regarding the body and the artwork, the eye and the heart, remains.

Aesthetic reaction and psychosomatic response

The aforementioned criticisms do seem to nullify the credibility of the SS, despite Magherini's attempts to preempt such evaluations by qualifying the syndrome as atypical and its etiology as multifactorial⁵⁵. What these critical remarks fail to explain away, however, are the incidents collected by the Florentine psychiatrist, its associated psychosomatic disorders, and what led the victims of the other abovementioned syndromes to behave in the way they did. To dismiss *qua* Barnes the extreme cases collected by the Florentine psychiatrist as the outlier by-product of some collective hysteria induced by residual aesthetic desiderata fostered by Romantic literary tradition is, plainly put, to stretch credibility. And here, as a remedy, perhaps we should call to mind William James' remark on the pioneering results brought about by the investigations of the founding fathers of psychotherapy (Freud, Janet, *inter alii*): "These clinical records sound like fairy tales when one first reads them, yet it is impossible to doubt their accuracy"⁵⁶.

If the recorded extreme aesthetic reactions seem undeniably accurate, let us then proceed by stripping the Uffizi incident to its essentials and work bottom-up based on a set of clearly defined assumptions. What we can establish as a fact is that a Florentine man in his seventies suffered an SCA – most likely a VFIB – while in the Uffizi's Botticelli room; he was presumably gazing at the *Birth of Venus*, a well-known fifteenth-century

⁵⁵ Magherini has defined the SS as a "specific acute atypical form". Cf. MAGHERINI, 2007, 190. *Specific* here means a disease produced by a particular microorganism or condition; *acute* that it is of short duration but generally severe; and *atypical* that it does not fit a single diagnostic category.

⁵⁶ JAMES. **Varieties of religious experience: A study in human nature**. New York: Routledge, 2002, p. 184.

painting depicting the legendary birth in the Aegean Sea of the fully-formed naked Greek goddess (following an iconographic representation known since antiquity as the *Venus Anadyomene*). What we can assume here, *grosso modo*, is that, while the Florentine elder was gazing at the painting, specific visual stimuli provoked in him a psychosomatic chain of events that led to an electrical malfunction of the heart, the result being chaotic cardiac contractions and hemodynamic collapse, which could have culminated in SCD if not for immediate medical assistance.

This hypothesis, however, is excessively perfunctory, too dependent on conceptual elisions and connotative meaning in order to avoid begged questions: what do we mean by “specific visual stimuli”? Why do these stimuli “provoke” something, and what does this verb entail? What is the necessary or potential connection between neurological responses to artwork and cardiovascular events? These questions, however, are on the neurological side of the spectrum; we should also ask ourselves what the Uffizi’s SCA tells us about the underbelly of artistic experience: is this an outlier event or rather aesthetic experience *in extremis*? Are there some media- or subject-specificities concerning the occurrence of this kind of negative psychosomatic effect? Can we posit some cross-historical arguments concerning embodied reactions to Venus’ imagery? Let us then first proceed by addressing the second set of questions, more germane to the humanistic side of the equation.

The assumption that there is a dark, nocturnal, component to the production and experience of artworks is *vieux jeu*; it has been expressed not just by Plato’s censorship or through scattered sayings by the usual suspects – Cennini, Goethe, Baudelaire, Nietzsche, Rilke, Valéry, among others –, but has even been admitted by an unsuspected *philosophe* such as Diderot, who spoke about the artistic forces as a solitary wild bird, who appears after the sun is set, breaking the silence and the shadows of the night with his song⁵⁷. And here, in favor of this nocturnal argument, we

⁵⁷ “Le soleil couché, ils fourrent leur tête sous l’aile, et les voilà endormis. C’est alors que le génie prend sa lampe et l’allume, et que l’oiseau solitaire, sauvage, inapprivoisable, brun et triste de

might as well recall Keats' negative capability, Berenson's aesthetic moment, Byron's imperious Gulbeyaz, or Master Gregory's *magicam persuasionem*. What we find rummaging through these authors' sayings is the vague notion that there is some appeal in the artwork – sometimes libidinous, sometimes appalling – that cannot be simply reduced to the crystalline equations of the formalist tradition, nor to the epistemological inquiries of context-based art historiography; the kind of appeal that assures us, in the back of our minds, that yes, the artwork, this oceanic Other, is indeed gazing back at us, whispering words that we do understand, but do not recognize. That the glint in the figures' eyes is something other than subtle brushstrokes of white oil superposed by layers of varnish, but speaks to the organic formation of the cornea, to the secretion of tears and the sphere of feeling, and to the reflex of an external world upon which their gazes fall, the world in which the observers of the picture themselves inhabit.

It could well be counter-argued that this notion of a nocturnal otherness in aesthetic reaction is nothing but the echoes of past desiderata, surreptitiously preserved over the ages by conflicted – perchance perverse? – literati; that to recall their historical experience is to mire our hypothesis in a rhetorical fallacy, in an *argumentum ad antiquitatem*. Indeed. Here it is not enough to answer *qua* William James that said desiderata always bear the imprint of a once felt real necessity, its remoteness notwithstanding; the problem is both conceptual – hinging on the increasing granularity of the terminology employed – and pragmatic, meaning the refinement of our theoretical thinking by way of *experimenta crucis*. In this regard, a recent model of artistic reception proposed by Beukelaer, Azevedo, and Tsakiris may provide us with a more grounded argument⁵⁸. Following Aby Warburg's idea that artistic experience is by and

plumage, ouvre son gosier, commence son chant, fait retentir le bocage, et rompt mélodieusement le silence et les ténèbres de la nuit." Cf. DIDEROT. *Œuvres*. V. 4. Paris: A. Belin, 1818, p. 17.

⁵⁸ DE BEUKELAER; AZEVEDO; TSAKIRIS. "Relating Movements in Aesthetic Spaces: Immersing, Distancing, and Remembering." In CHRISTENSEN, Julia F.; GOMILLA, Antoni (Eds.). *Progress in brain research*. V. 237, The Arts and The Brain. Elsevier, 2018, pp. 455-469.

large defined by an oscillatory process of immersion and distance concerning a symbolical object⁵⁹, the authors have fleshed out the *Kunstwissenschaftler's* somewhat loose proposition with more up-to-date notions such as embodied simulation, associative processing, and the idea of a dynamic interactive zone between object, observer, and representation. According to Beukelaer *et al.*, an artwork is embedded through artistic skill with contextual sensory signs, which are dynamically negotiated with the situated sensorimotor systems of the observer in the aesthetic space, “a virtual spatiotemporal framework that is embedded in the shaped aesthetic material, within which ruling norms can lose their constraints and values come into question and become further subject to reflection.”⁶⁰ It is in this so-called “aesthetic space” that the pendular-like process of immersion – the feeling-in of the artwork via embodied simulation – and distancing – the associative processing brought about by stimuli from a specific source and context – can take place.

Is it possible then that the feeling-in of Botticelli's painting in the Uffizi has anything to do with the SCA? Vittorio Gallese has argued that the perception of an artwork or an artistic performance is simulated in the beholder's neural architecture and body⁶¹, and other researchers have established a connection between artistic reception and viscerosensitive changes (e.g., heartbeat acceleration in synchrony to the harmony and tempo of a song)⁶². The scientific literature connected to embodied simulation thus seems to lend credibility to Merleau-Ponty's claims that

⁵⁹ For Warburg's conception of artistic reaction as a dynamic middle-ground between symbolic and rational thinking, see WIND. “Warburgs Begriff der Kulturwissenschaft und seine Bedeutung für die Ästhetik”. *Zeitschrift für Ästhetik und Allgemeine Kunstwissenschaft*. V. 25, 1931, pp. 163-179.

⁶⁰ DE BEUKELAER; AZEVEDO; TSAKIRIS, *op. cit.*, p. 459.

⁶¹ Among the many articles published by Gallese on the subject of empathy, embodied simulation, and mirror neurons, see GALLESE. “Mirror Neurons, Embodied Simulation, and the Neural Basis of Social Identification”. *Psychoanalytic Dialogues*. V. 19, n. 5, Oct. 13, 2009, pp. 519-536.

⁶² On the interaction between viscerosensitive and artistic exteroception, see AZEVEDO; TSAKIRIS. “Art reception as an interoceptive embodied predictive experience”. *Behavioral and Brain Sciences*. V. 40, 2017, pp. 17-18; on the physiological responses to music, see GOMEZ; DANUSER. “Relationships between musical structure and psychophysiological measures of emotion”. *Emotion*. V. 7, n. 2, 2007, pp. 377-387.

artistic perception is constituted through intercorporeality, meaning that the observer's sensorimotor system emulates the perceived physiological and emotional state of a depicted body or anthropomorphable pictorial mass; in other words, we offer our flesh in order to perceive the artwork's body and soul. In this sense, Botticelli's *Venus Anadyomene* could well have been felt by the Uffizi visitor as something alive. To this end, it is not just the more or less precise rendering of her semblance which conveys the feeling that this is a living, breathing, experiencing being, but the smooth treatment of her flesh, the flow of the hair, the subtle elongation of her limbs, the haptic suggestions in her erogenous zones, the chiasmic rhythm of her body, and the delicate undulations in her sagittal and horizontal plane. In this regard, even the delicate shining golden filaments – invisible in photographic reproductions –, capricious in their intermittent shining due to slight variations of the observer's body and the museum's lighting, may be said to enhance her liveliness through optical means. What this ekphrastic verbiage implies is that the embodied simulation of Botticelli's *Venus* by the elderly museum visitor may have induced visceral changes that – perhaps associated with unknown psychophysiological preconditions – led to a shift in psychological states (i.e., emotion and selfhood) with associated psychosomatic effects, such as arrhythmia.

The neural-hemopoietic-axis hypothesis

With regard to the cardiac arrest at the Uffizi, our implied hypothesis so far is that the victim experienced strong emotional reaction to the *Birth of Venus* through immersion in the artwork – modulated by his own body and neural architecture – and, significantly, also through associative processes, which may have evoked pre-symbolic and preverbal experiences, possibly of a conflictual nature. Such an event was catalyzed by the museum environment – an aesthetic space which elicits more intense aesthetic reaction by a myriad of multisensory regulatory cues – and also by the presence of the original artwork, which purportedly provokes stronger responses in the observer's orbitofrontal cortex and is embedded with

sensory signs not seen in reproductions (e.g., the *Birth of Venus*' golden filaments)⁶³. In this sense, psychophysiological preconditions, as well as *in situ* response to visual aesthetic stimuli, may have elicited intense activity in the sensorimotor cortices and limbic system, the result being the induction of an arrhythmogenic event due to an imbalance of the cardiac electrophysiology.

If the line of reasoning exposed so far holds water, then the crux of the matter lies elsewhere, in a problematic co-modulatory connection between the human sensorium and cardiovascular processes. First, it is necessary to stress once more that the victim did not suffer a myocardial infarction (i.e., heart attack), which results from a reduction of blood flow to the heart due to the stoppage of the coronary arteries. As the use of the bag valve mask and defibrillator evidence, the victim had an SCA (probably a VFIB), meaning a failure in the heart's electric system to maintain steady cardiac output to the brain and other vital organs. The problem here is that, if we are to accept that the cause of his cardiac arrest was a strong aesthetic reaction and not previous health-related conditions (e.g., Brugada syndrome), then we find little support for our hypothesis from the traditional medical literature on cardiovascular disease events (CDE). However, the recent trend towards co-modulation between viscerception and neurocognition has produced several studies germane to our case⁶⁴. There is a growing body of evidence acknowledging that several areas distributed

⁶³ See TINIO; GARTUS. "Characterizing the emotional response to art beyond pleasure: Correspondence between the emotional characteristics of artworks and viewers' emotional responses". **Progress in Brain Research**. V. 237, 2018, pp. 319-342, esp. 322.

⁶⁴ For a broad review of the subject with additional bibliography, see GINTY et al. "Cardiovascular and autonomic reactivity to psychological stress: Neurophysiological substrates and links to cardiovascular disease". **Autonomic Neuroscience: Basic & Clinical**. V. 207, Nov. 2017, pp. 2-9. For a granular discussion on interoceptive levels and corresponding experiments by way of heartbeat tracking, see GARFINKEL et al. "Knowing your own heart: Distinguishing interoceptive accuracy from interoceptive awareness". **Biological Psychology**. V. 104, Jan. 1, 2015, pp. 65-74. For the dynamics of interoception and exteroception concerning body-awareness, see TSAKIRIS; TAJADURA-JIMÉNEZ; CONSTANTINI. "Just a heartbeat away from one's body: Interoceptive sensitivity predicts malleability of body-representations". **Proceedings of the Royal Society B: Biological Sciences**. V. 278, n. 1717, Aug. 22, 2011, pp. 2470-2476.

throughout the neuraxis exert beat-to-beat control over cardiac functions⁶⁵, and it has been found, for example, that several neurological diseases have adverse cardiac corollaries⁶⁶. However, while new experiments have produced some information regarding the forebrain control of cardiac function (controlling areas include the insular cortex, anterior cingulate cortex, amygdala, and hypothalamus), the understanding of the overall mechanism is still highly imprecise⁶⁷.

An article from 2017 published in *The Lancet* journal by Ahmed Takawol et al., links amygdalar activity and cardiovascular disease events⁶⁸. According to the authors, there is in our bodies a “neural-hemopoietic-axis” (NHA), meaning a connection between the brain’s salience network and cardiac activity mediated by the bone marrow. Higher activity in the amygdala can lead to stronger hemopoietic production by the bone marrow, which may cause arterial inflammation, possibly leading to CDE. The authors also suggest that further experiments are needed to determine if stressful mental imagery or emotional stimuli significantly impact the proposed NHA⁶⁹.

⁶⁵ See PALMA; BENARROCH. “Neural control of the heart: Recent concepts and clinical correlations”. *Neurology*. V. 83, n. 3, July 15, 2014, pp. 261-271.

⁶⁶ *Ibid.*, p. 261.

⁶⁷ *Ibid.*, p. 265.

⁶⁸ TAWAKOL et al. “Relation between resting amygdalar activity and cardiovascular events: A longitudinal and cohort study”. *The Lancet*. V. 389, Feb. 2017, pp. 834-845.

⁶⁹ Studies have shown that the recall of traumatic imagery and presentation of traumatic sights and sounds (e.g., war-related PTSD) produced greater activation in the amygdala, orbitofrontal cortex, temporopolar cortex, and insular cortex in terms of higher regional cerebral blood flow (rCBF) in those areas. See SHIN et al. “Regional cerebral blood flow in the amygdala and medial prefrontal cortex during traumatic imagery in male and female Vietnam veterans with PTSD”. *Archives of General Psychiatry*. V. 61, n. 2, Feb. 1, 2004, pp. 168-169. A study from 2009 on amygdalar activity and response to imagery has argued that immediate response to negative high impact images is consistent with an increase in activity in the amygdala (and other studies have indicated that the same may be the case with neutral or positive high impact images), thus showing that “the amygdala response to emotional images is not attributable primarily to their perceived arousal value alone”. While it is hard to define what impact means in terms of variegated appraisal dimensions (such as arousal or valence), the “significance of material may derive from some discrepancy with mental models of the self, others and the world.” See EWBANK et al. “The amygdala response to images with impact”. *Social Cognitive and Affective Neuroscience*. V. 4, n. 2, June 2009, pp.

Our tentative proposition is that this NHA was crucial to the multifactorial etiology involved in the Uffizi's SCA. While amygdalar activity has been for a long time primarily associated with fear processing, recent studies have shown that other emotions are implicated; the amygdalae are nowadays considered to play a significant role in orienting, eye movement, and attention to emotionally relevant sensory signs⁷⁰. Studies have also shown that there has been some relation between aesthetic judgments and higher amygdalar activity, as well as in emotional decision-making; there is also higher activity of the amygdala during the judgment of two-dimensional imagery judged beautiful by the observers⁷¹.

A touch of Venus

The fundamental question posed by Uffizi's SCA has to do with the contemporary understanding of aesthetic reaction and visual interaction. Crudely speaking, what is the moral of the story here? It is almost axiomatic to state that the digital Anthropocene – in which the post-historical, disembodied eye seems to be the ruling paradigm – has produced, as a necessary backlash, a certain nostalgia for embodied affects, for that which reminds the observer of its inherent carnality in an age of mass digital communication, product dematerialization, global surveillance, and the onslaught of luminous information. In this sense, the Uffizi's SCA can be seen as the salvation of contemporary Western aesthetics: it is the redemption of feeling by way of the situated gaze and embodied reaction. Here, however, one must be meta-skeptical, thus sidelining the intuitive skepticism that dismisses the Uffizi's SCA as a zeitgeist epiphenomenon. If we go back once more to the sources, to the accounts of Pseudo-Lucian, Master Gregory, Stendhal, Berenson, and Lilibet, there seems to exist a

130-131.

⁷⁰ JACOBS; CORNELISSEN. "An explanation for the role of the amygdala in aesthetic judgments". *Frontiers in Human Neuroscience*. V. 11, Mar. 2, 2017, pp. 1-2.

⁷¹ *Ibid.*, p. 3.

common thread connecting visual experience and embodied reaction, a mirroring effect between the gazee and simulated bodily feelings. The crux of the matter here, however, is theoretical: how much does the conceptual armature of aesthetics has to change in order to accommodate the implications brought about by empathetic reactions fully?

To the perplexed, who finds it hard to equate the idyllic bliss of Botticelli's Venus with an SCA, a few ending notes. It has been a matter of honor for recent classical scholarship on Aphrodite that the Greek deity must not be naively understood as the Goddess of Love; some of the main arguments here being that the genealogy of this psychological state (and its hyponyms) is historically posterior to the "birth" of the deity and that the conceptual fluidity inherent to polytheistic systems is anathema to static definitions⁷². In this regard, Aphrodite's sphere of honor (*time*) should be more broadly understood as encompassing the union of sexually differentiated beings and earthly fecundity; as one can read in Homer and Hesiod, ancient sexual intercourse – which the Greeks termed *ta aphrodisia*, the only case in which a sphere of human activity took the name of a divinity⁷³ – hinged on desire and violence, tension and satisfaction, sperm and blood. Aphrodite, after all, was born from a cosmogonic act of castration, the result of which we see in Botticelli's delicate and superficially harmonious *Birth of Venus*.

What do we learn from all this then? Well, perhaps the fate of the elderly Florentine male is not an outlier case; perhaps we ought to approach artworks more carefully. Perhaps there is some truth in the common assumption that the ancients were wiser, for at least they knew that the goddess' kratophany was of a terrible nature. Perhaps we should remind ourselves of Anchises' interactions with Aphrodite; after all, it was he who once warily remarked to the deity that "he who lies with a deathless

⁷² PIRONTI. "Rethinking Aphrodite as a goddess at work". In SMITH, Amy C.; PICKUP, S. (Eds.). **Brill's Companion to Aphrodite**. Leiden; Boston: Brill, 2010, pp. 113-130 (esp. pp. 118-120).

⁷³ PIRENNE-DELFORGE. "Something to do with Aphrodite": Ta Aphrodisia and the sacred". In: OGDEN, Daniel (Ed.). **A Companion to Greek Religion**. Oxford, UK: Blackwell, 2007, p. 312.

goddess is no hale man afterwards”⁷⁴. Indeed. To lie with, to touch, to gaze: all dangerous, mind-shaping, bodily-embedded experiences.

⁷⁴ **Hymn 5 to Aphrodite**. 190. Trans. by Hugh G. Evelyn-White. Cambridge, MA.: Harvard University Press; London, William Heinemann Ltd. 1914.