



**“their vastness drowns me”:
Tennessee Williams and the
Stendhal Syndrome, 1928**

**“a vastidão deles me afoga”:
Tennessee Williams e a Síndrome de Stendhal, 1928**

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Abstract

Tennessee Williams recounts in his *Memoirs* his first bouts with mental illness during a Grand Tour of Europe in 1928. He had felt all his life that this anxiety attack was the result of “blue devils” chasing him, and that only his writing would keep them at bay. While this article does not wish to belittle Williams’s adamant belief that “madness” (his recurrent term) was an immediate and present danger – though hypochondria was certainly part of his constitution – it does suggest an alternative explanation for what he experienced in Paris, Cologne and Amsterdam that summer: the Stendhal Syndrome, a theory on psychosomatic symptoms linked to the overwhelming impact of having been exposed to countless artistic masterpieces during an extended and frenetic period of foreign travel. The syndrome, which sparks an acute panic attack, is palliated through a return to daily routines, which for Williams meant writing. It is thus only by composing a little poem that he is finally released from his extensive dysautonomic attack, which suggests that neuroaesthetics, not divine intervention, may have been the real source of his salvation, and that the “blue devils” he felt were chasing him throughout his life may have been more psychosomatic than real. While this alternative reading to Williams’s condition has obvious implications in theatre studies, his case study also extends to travel writing in general to help explain similar dystopic experiences documented in travelogues written over the last century or more.

Keywords: Thomas Lanier “Tennessee” Williams; Art; Marie-Henri Beyle [Stendhal]; Neuroaesthetics; Travel and mental health.

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Resumo

Tennessee Williams narra em suas *Memórias* seus primeiros embates com doenças mentais durante uma grande viagem à Europa em 1928. Ele sentiu durante toda a sua vida que esses ataques de ansiedade eram o resultado de “demônios azuis” o perseguindo, e que apenas sua escrita os manteria afastados. Embora este artigo não queira diminuir a firme convicção de Williams de que a “loucura” (seu termo recorrente) era um perigo imediato e presente – embora a hipocondria certamente fizesse parte de sua constituição – ele sugere uma explicação alternativa para o que ele experimentou em Paris, Colônia e Amsterdã naquele verão: a Síndrome de Stendhal, uma teoria sobre sintomas psicossomáticos relacionados ao impacto avassalador de ter sido exposto a inúmeras obras-primas artísticas durante um período prolongado e frenético de viagens estrangeiras. A síndrome, que desencadeia um ataque de pânico agudo, é amenizada pelo retorno às rotinas diárias, que para Williams significava escrever. Portanto, é apenas ao compor um breve poema que ele finalmente se liberta de seu extenso ataque disautônomo, o que sugere que a neuroestética, não a intervenção divina, pode ter sido a verdadeira fonte de sua salvação, e que os “demônios azuis” que ele sentia o perseguindo ao longo de sua vida podem ter sido mais psicossomáticos do que reais. Embora essa leitura alternativa da condição de Williams tenha implicações óbvias nos estudos teatrais, seu estudo de caso também se estende à escrita de viagens em geral, para ajudar a explicar experiências distópicas semelhantes documentadas em relatos de viagem escritos ao longo do último século ou mais.

Palavras-chave: Thomas Lanier “Tennessee” Williams; Arte; Marie-Henri Beyle [Stendhal]; Neuroestética; Viagem e saúde mental.

BIMBI. It’s called the Stendhal Syndrome. [...]

When the great French writer Marie-Henri Beyle – better known as Stendhal, of course – [...] visited the churches and museums of Florence, the very ones we will visit today, and he observed that some people, usually women, but not always, became over-stimulated by certain works of art – a Botticelli Venus, for example, or a Raffaello youth. These people became lightheaded, giddy; some even fainted. This emotional/physical response to art we now call the Stendhal syndrome – when art speaks to something deeper in us than perhaps we understand.

– Terrence McNally (2004), *Full frontal nudity*

Familiar today are students and scholars of Tennessee Williams with the story behind the playwright’s first bouts with *madness* [Williams’s frequent term]. He was enjoying an American version of the European Grand Tour with his grandfather in the summer of 1928, when a series of three inexplicable psychic traumas convinced him he was going insane. Recalling the events years later in his *Memoirs*, Williams described the

first aphasic spell while “walking alone down a boulevard in Paris”: “Abruptly, it occurred to me that the process of thought was a terrifyingly complex mystery of human life” (Williams, 2006a, p. 20). A month later, during a visit to St. Peter’s Cathedral in Cologne, he was beset by a second panic attack, “the most dreadful, the most nearly psychotic, crisis” (Williams, 2006a, p. 20) he had ever experienced, when suddenly “a truly phenomenal thing happened: [...] the hand of our Lord Jesus had touched my head with mercy and had exorcized from it the phobia that was driving me into madness” (Williams, 2006a, p. 21). Poignantly, Williams never once mentions this attack during the trip, neither in his several letters home to his family and fourteen-year-old girlfriend, Hazel Kramer, nor in the ten travelogues he wrote about the tour the following autumn and published in his high school newspaper, *U. City Pep*. He did, however, compose a short poem [which first appears in print in *Memoirs*] just after experiencing the third panic attack in Amsterdam:

The strangers pass me on the street
in endless throngs, their marching feet
sound with a sameness in my ears
that dulls my senses, soothes my fears.
I look into their myriad eyes,
I hear their laughter and their cries,
their vastness drowns me – My hot woe
cools like a cinder dropped on snow
(Williams, 2002, p. 214–15, 268; 2018, p. 13).³

These events of 1928 are widely accepted in Williams – and theatre – studies as evidence of the potential mental illness in him that eventually claimed Williams’s sister Rose [diagnosed with *dementia praecox* in 1937 and lobotomised a few years later], and potentially affected his brother Dakin later in his life.⁴

No one, however, has ever questioned Williams’s recollection of his phobia, despite his longstanding habit of fictionalizing or at least overexaggerating factual events concerning his life-story. Since various forms of *madness* had indeed run in the Williams-

³ This version of the poem, which differs slightly from the version reproduced in *Memoirs* and *The collected poems of Tennessee Williams*, was typed alongside two other poems, *Cacti* and another untitled poem, dated 1938 and 1934 respectively. That Williams misdates the poem “Amsterdam, Holland, 1930” suggests he was recalling this poem from memory, since the original poem, like the little travel diaries he kept during the trip, are now lost.

⁴ See, for instance, Leverich (1995, p. 176); Bak (2013, p. 16); O’Connor (1997, p. 3-5); and Spoto (1985, p. 303). While Dakin was never clinically diagnosed as Rose was, stories have circulated about his abnormal behavior later in life, which included dressing up as Blanche DuBois and giving readings from his brother’s work.

Dakin family, there was little reason ever to doubt Williams's self-diagnosis, though this article does suggest that Williams elevated the panic attack to neurosis only after witnessing his sister succumb to schizophrenia nearly a decade later.⁵ Real or psychosomatic, the paranoia he experienced was part and parcel of the encroaching mental illness – or “blue devils” as Williams later called the “enemy inside myself” (Leverich, 1995, p. 174)⁶ – he had always felt was shadowing him, believing that only his daily regimen of creative writing kept those devils at bay. His fears of ending up like Rose reached fever pitch in the 1950s, when he finally submitted to psychoanalytical treatment with Dr. Lawrence Kubie,⁷ and peaked in the late 1960s, when his brother Dakin had him committed to the Renard psychiatric division of the Barnes Hospital in St. Louis, where he spent three long months and for which he never forgave Dakin.⁸

While persistent drug and alcohol abuse – along with no small dose of hypochondria – could readily explain away his need for psychiatric treatment in the fifties and sixties, the same conclusion could not be drawn from his first apparent brushes with mental illness in Europe. He was, after all, only seventeen at the time. And while he may have *tried* his grandfather's cocktails on board the SS *Homeric* once they entered

⁵ For an excellent study of Rose's diagnosed schizophrenia, and resultant bilateral prefrontal lobotomy [one of the first performed in the United States], see Morton (2012). Morton, in fact, argues that Rose potentially suffered from misdiagnosed autism, that is, not from “psychosis” but from “a combination of atypical neurological wiring” (Morton, 2012, p. 8) and its misinterpretation by those close to her, including her doctors.

⁶ In his private journal for 7 January 1940, Williams describes these “blue devils” thus:

[...] I feel rather dull due to the blue devils of defeatism which nearly always rear their ugly little faces in reaction to some period of triumph or elation. Will have to beat them out once more. They're such a damned nuisance – which is stronger, my will or these reasonless fears? I must ride them down like a nest of snakes, trample them under my heels! (Williams, 2006b, p. 181).

Leverich writes that Williams's “blue devils” are a “psychic split” (Leverich, 1995, p. 341) in Williams, “an essential division in his personality that would plague him and manifest itself in patterns of contradictory behavior throughout the years to come. It would divide him not only against himself but often against those closest to him, leading him to characterize himself as ‘half-mad’” (Leverich, 1995, p. 174), and “anxieties arising from self-doubt and self-loathing” (Leverich, 1995, p. 301). It is not entirely clear if Williams's “blue devils,” or “interior storms” (Leverich, 1995, p. 514) also implies his brushes with *madness* or just his recurrent bouts of clinical mental depression and self-doubt as a writer. Likely, they were indistinguishable from each mental state, as Leverich intimates: “[there] were always his blue devils and their threat of madness” (Leverich, 1995, p. 590). Of note here is the fact that Williams first uses the generic term “blue devils” in his journal from 31 August 1936 to describe his mental instability, one year before Rose's official (mis)diagnosis. See also Leverich (1995, p. 608).

⁷ For extensive discussions on Williams, mental illness and psychoanalysis, see Lahr (2015, p. 346–75); and Paller (2000, p. 37–55).

⁸ As a form of punishment, he bequeathed Dakin only \$25,000 of his millions in his final will and testament.

international waters, he reassuringly told his puritanical mother, Edwina, that “he prefer[red] none to plain ginger-ale and Coca Cola” (Williams, 2000, p. 15). Artificial stimulants can thus be ruled out here as the source of his dysautonomia. A more rational explanation could be that Williams, a sensitive, impressionable and romantic young writer, eager to take in all that the European Tour had to offer, simply had a bout of what Dr. Graziella Magherini described as the Stendhal Syndrome.

Dr. Magherini, then Head of Psychiatry at the Santa Maria Nuova Hospital in Florence, diagnosed the syndrome from 1979 to 1986 after observing patients, all of them tourists, who experienced various symptoms of dizziness, diaphoresis, tachycardia, hallucinations, syncope, and even depersonalization upon viewing works of art in one of Florence’s many museums. Her team’s premise was that close scrutiny of certain works of art triggered in predisposed individuals a neurological trauma that wrenched “profound events of [repressed] psychic reality” from their unconscious and provoked a crisis of “self-knowledge”.⁹ These *panic attacks*, Dr. Magherini explained during a recent interview, were caused not only “by the psychological impact of a great masterpiece” but also by “Travelling, yes!” (Magherini, 2020).¹⁰ If Dr. Magherini’s experiences with the disorder are centralised in Florence, the syndrome has been identified in tourists visiting other cities noted for their impressionable architecture, monuments, historical sites or art museums, such as Paris, Jerusalem, Venice, the Vatican, Istanbul, or even India and Mecca.¹¹

While Williams may indeed have had real bouts with mental illness later in his life, it is probable that here, in the summer of 1928, he experienced the effects of consuming too

⁹ “L’osservazione dei singoli cas ha permesso di verificare che, nel corso delle crisi, si animano vicende profonde della realtà psichica. E il viaggio diventa anche un’occasione di conoscenza di sé” (Centro Studi Auxologici, 2022).

¹⁰ “Stendhal Syndrome: EHU students interview Prof. Graziella Magherini,” 7’28”.

¹¹ For an extensive review of the research from neuroaesthetics and neurophysiological perspectives on the Stendhal Syndrome or equivalent diagnoses in cities other than Florence, see Stendhal Syndrome in Datta (2017, p. 66–68). See also Jerusalem Syndrome in Bar-El *et al.* (2000, p. 86–90), and Stendhal Syndrome in Palacios-Sánchez *et al.* (2018, p. 121). The animated sitcom *The Simpsons* parodied the Jerusalem Syndrome in episode 16 of season 21, entitled *The greatest story ever d’ohed*. Homer enters the Church of the Holy Sepulchre, where Ned finds Homer asleep on the tomb’s shrine. “It’s just that these tours are so exhausting,” Homer says. “You’re jet-lagged. You’re walking around all day.” Later, Homer experiences a mock-epiphany in the desert where he believes himself to be the new “Messiah.” His “psychosis” is later attributed to the city’s overwhelming powers over certain travelers:

Dr. Hibbert: Marge, I’m afraid your husband has what is known as Jerusalem Syndrome.

Lisa: Ah, yes. Jerusalem Syndrome. A delusion or psychosis of a religious nature while visiting Jerusalem.

Bart: Have you ever noticed that dad always gets the diseases they write about in the in-flight magazine?

much art and history too quickly, the likes of which he had only read about in school or on his own but which he had never, until now, confronted for real and at a such a frenetic pace typical of the American habit of *consuming* Europe, one city, museum and monument at a time. The aim of this article, then, is not to diagnose Williams in any medical way, but rather to call into question past diagnoses, including his own, about his predisposition to mental illness – in short, to challenge the accepted biographical determinism inscribed in Williams’s life that many hands, including Williams’s himself, contributed to over the years. By drawing upon similar experiences of other travelers who were medically diagnosed with the Stendhal Syndrome, I argue that Williams had retroactively misidentified these anxiety attacks in Europe as proof of encroaching mental illness only after witnessing his sister’s institutionalization. Simply put, something *had* affected Williams that summer, as it did and still does to many a weary traveler, but he had lacked the cognitive [and medical] awareness at the time to fully comprehend its triggers or its treatments, satisfying himself first with religious and, later, neuroaesthetic explanations. While such a radically alternative reading to Williams’s widely accepted condition has obvious implications in theatre studies, it also has a wider impact on travel writing in general, offering cause to reread writers whose travelogues over the last century or more have documented similar aphasic attacks or brief brushes with *madness* that are readily dismissed as mystical experiences with the sublime.

“processes of thought”: Tom Williams’s Parisian phobic crisis

Tennessee Williams’s first trip to Europe has been largely documented, so I do not wish to detail it here, save for what is essentially new research and relevant to his self-diagnosis.¹² Nevertheless, certain elements from that voyage detailed in his letters and travelogues are important to expound upon to better situate the context of Williams’s anxiety attacks per the Stendhal Syndrome.

¹² For extensive coverage of Williams’s European voyage during the summer of 1928, see Williams (2000, p. 11–21). See especially letters of 5 and 10 August 1928, where he talks about Montreux, Sorrento, Milan and especially Cologne, since they do not appear among his travel pieces. See also Williams (2006a, p. 19–23); Leverich (1995, p. 88–96); Bak (2013, p. 10–17); Bak (2014); Bak (2021).

Figure 1 - Tom [Tennessee] Williams in knickers aboard the S. S. Homeric, 7(?) July 1928



Source: Harry Ransom Center, University of Texas at Austin.

Williams and his grandfather, the Reverend Walter E. Dakin, accompanied by several members of the pastor's St. George parish in Clarksdale, Mississippi, embarked from New York on 6 July 1928.¹³ Williams and his grandfather had arrived in New York City a few days early, ostensibly to meet a Dakin family friend, Jessie Watson, a partner in the Biltmore hotel empire, but also to take in the pleasures the city had to offer. In a letter dated 2 July to his mother, Williams writes already about being "dead tired!" from his and his grandfather's "*perfectly dazzling prospects* for [their] four-day stay in N.Y." (Williams, 2000, p. 11, emphasis added). Even before arriving in Europe, then, Williams had been exposed to the visual, aural, olfactory and gustatory sensations of a city he would eventually spend a good portion of his life. Their agenda was packed – as were the majority of these American *Grand Tours* – and no doubt the young Tom was already experiencing the early effects of what would later lead to his first bout with the Stendhal Syndrome. As he adds in his letter home,

¹³ In a personal exchange with Karen Kohlhaas, a specialist in Williams's early years growing up in Mississippi, the trip included, in addition to several parishioners from St. George's in Clarksdale, a mother and son from the Abbey family in Rev. Dakin's Tallahatchie county congregation, and possibly others from different parts of Mississippi. I would like to thank Karen for having read through an early version of this article and offering her invaluable insights.

Tomorrow morning Grandfather and I are to have our breakfasts served in our room. At noon we meet Mrs. Watson and motor out to her magnificent Country Estate. In the evening we attend a performance of The Show Boat. The rest of our program is not made out. Except that we are to attend The Three Musketeers Grand Opera Tuesday night. [...]
Tomorrow morning Grandfather & I are going to do a little excursionsing [sic] on our own – around the main Blvds, on the buses etc.
In the meantime, *the strongest smelling salts couldn't keep me awake* (Williams, 2000, p. 11, emphasis added).

Their “excursionsing” led them to “old St. Paul’s [...] also old Trinity – Wall Street and the Battery” (Dakin, 1928),¹⁴ and in the evening they attended “the Ziegfeld Theatre for the original version of *Show boat* (1927)” (Williams, 2000, p. 12, endnotes).

Life on the paquebot a few days later offered little time for rest. In another letter, dated 13 July, this time addressed to his entire family, Williams writes about the transatlantic voyage:

We are now approaching the British coast and of course we are anticipating that first glimpse of Europe with a great deal of pleasure. I begin to understand how Columbus felt when he came into sight of the West Indies. [...] Last night was the *first unclouded sunset and it was gloriously beautiful. The whole western sky and sea looked as though it were streaked with flame.* Afterwards the clouds, which always come up in great numbers from the water where the sun sinks, assumed gorgeous coloring.
A few nights ago *we saw northern lights which looked like enormous search lights across the sky* (Williams, 2000, p. 14, emphasis added).

Williams’s purple prose here can be understood as a youthful attempt to express his sublime encounter, conjoining these all-new experiences of world travel with those of the Romantic poets, especially Keats, whom he had come to admire. Rev. Dakin’s version of the voyage is less romantic [and Romantic], at least in terms of the incredible views from the boat, though nonetheless frenetic. In a letter to his wife Rosina, dated 11 July, he provides more prosaic details, including the costs of the tickets for the Broadway shows *Show Boat* and *Rosalie*, as well as what they ate each morning for breakfast on the steamer: “I play bridge and walk and talk: Tom plays the piano and dances and seems to be having a great time. [...] Tom had the time of his life in New York” (Dakin, 1928).¹⁵

Embarking at Southampton, the group then travelled directly onto Paris, arriving on Thursday afternoon, 12 July 1928. In addition to “do[ing] practically everything there is to do” (Williams, 2000, p. 16) in Paris, including a hurried visit to the Louvre, they headed

¹⁴ Dakin letter on The Biltmore stationery, 3 July 1928.

¹⁵ Letter on *White Star Line* stationery.

out to the environs. They visited Napoleon's country chateau, Malmaison, in Rueil-Malmaison. In Versailles, Williams's "perfect wonderland [...] with such romantic historical connection," they stood on "the balcony upon which Marie Antoinette boldly faced the mob," admired the ceilings all "covered with rich paintings," walked along the "hall of mirrors, with its resplendent chandeliers and windows opening out upon the beautifully landscaped gardens," and even saw the "very table" on which the Paris Treaty ending World War I was "signed" (Williams, 2000, p. 16-17). Williams adds that "the most beautiful part about it, though, is the surrounding woodlands. They surpass the natural beauty of any woods I have ever seen" (Williams, 2000, p. 17). To this itinerary, Rev. Dakin mentions in a letter to Rosina, dated 17 July, that they gazed upon "the landscape from which Millet painted *The Angelus*, walked "over the battle-fields" of the Marne valley, visited "the American Cemetery" at Belleau Wood, and saw "the glorious Cathedral" in Rheims that "the Germans tried to ruin - did hurt it a lot" (Dakin, 1928, author's emphasis).¹⁶

Given all this, as well as the excitement of New York and the transatlantic journey the previous weeks, it is not surprising that Williams was primed for the first phobic crisis that occurred in Paris. In his *Memoirs*, half a century later, he recalls how it transpired:

It began when I was walking alone down a boulevard in Paris. I will try to describe it a little, for it has significance in *my psychological make-up*. Abruptly, it occurred to me that the process of thought was a terrifyingly complex mystery of human life.

I felt myself walking faster and faster as if trying to outpace this idea. It was already turning into a phobia. As I walked faster I began to sweat and my heart began to accelerate, and by the time I reached the Hotel Rochambeau, where our party was staying, I was a trembling, sweat-drenched wreck of a boy (Williams, 2006a, p. 20, emphasis added).

All these somatic symptoms, from his diaphoresis and tachycardia to his sense of depersonalization, are consistent with the Stendhal Syndrome, as we will see later. At this point, it is also worth noting that their European tour was but a third completed.

The pace of the tour increased in the days ahead, save for the long trips between the major cities they visited. They never stayed in one location for as long as they had spent in Paris. From Paris, they voyaged to the south of France: Marseilles, Monte Carlo, and Nice. From there, they continued south to Rome, Naples, Pompeii, and along the Amalfi coast to Sorrento, a path Williams would repeatedly follow years later. They then headed back

¹⁶ Letter on Hôtel Rochambeau stationery.

north to Florence, Venice, Milan, Montreux, Interlaken, Cologne, Amsterdam, and finally London and Stratford-upon-Avon. In late July, for instance, the tour stopped in Pompeii, a visit which Williams recalls in his travel essay, *The ruins of Pompeii*, composed from the notes he had registered in “the little diaries” (Williams, 2000, p. 22) he kept with him all summer long:

On they go, through the hot, white, dusty maze of Pompeii’s ruins. *They suffer agonies*; but none of them will turn back. To do so would be to make a shameful admission of body triumphant over mind.

Under these conditions described – upon a hot afternoon in August [*sic*] – an extensive tour of Pompeii is a *physical torment*. [...]

A tour of Pompeii gives a splendid picture of life among the ancient Romans. It also provides an almost *unsurpassed test of physical endurance*. As one member of the heroic party expressed it, you feel at the conclusion of the afternoon as though you should be included in Pompeii’s ruins (Williams, 2009, p. 231, emphasis added).

Fatigue and the extreme heat of southern Italy were obviously taking their toll on Williams, as the thrice repeated expressions here of physical exhaustion evince. Williams is seemingly deflecting this fatigue onto the others in his travel party, however, a few of whom, like his grandfather, were of an advanced age:

One of the most piteous spectacles ever beheld is that of a party of Americans, sight-seeing in Pompeii, during the merry month of August. *They stagger about*, through the bleached and crumbling ruins, like people lost upon an arid desert. [...] *They drag themselves wearily up steep inclines*, beneath a blazing sun. They lean breathlessly against hot walls [...] (Williams, 2009, p. 230, emphasis added).

Yet, the sudden and rare shift from the collective first-person pronoun *we* used in nearly all of his ten short travelogues to this collective third-person plural pronoun *they* displays Williams’s universal perspective on the disquieting experiences of foreign travel, particularly for Americans with their creature comforts [himself included], who consume a culture one day at a time more than immerse themselves in it [as he would later do when he returned to Italy for extended periods of time]. Observing, and partaking of, this “most piteous” spectacle of Americans “sight-seeing in Pompeii, during the merry month of August” (Williams, 2009, p. 230), Williams is being both overtly critical and self-deprecating, and showing the first signs of travel fatigue.

And as the days since their departure increased, the letter writing became less frequent, reduced to a series of brief, truncated postcards. On 26 July, for instance, Rev.

Dakin, wrote to Rosina from Sorrento: “Just finished 5 hours drive around bay of Naples. Enjoyed Rome, Nice and Monte Carlo. The blueness of the Mediterranean Sea like this car[d] – Wonderful scenery” (Dakin, 1928).¹⁷ On 30 July, he wrote to his daughter Edwina, “Received your letter while in Rome. Both of us well; wonderful trip. Florence where we now are. Love to each one. Keep well. W.E.D” (Dakin, 1928, author’s emphasis).¹⁸ Three days later, he sent another postcard to Edwina, this time from Venice, where they took in a “Gondola ride under the inspiration of a full moon,” as well as “The Art Gallery this A.M. St. Mark’s Church and the Doge’s Palace this P.M. The Lido tonight” (Dakin, 1928).¹⁹ On 5 August, the Rev. Dakin informed Rosina that they saw the *Last Supper* in “beautiful Milan” before departing for Switzerland, where they “Saw a glacier and snow on the Alps” (Dakin, 1928).²⁰ All told, the distance they travelled from Marseille to Interlaken via all the Italian cities visited amounted to about 1,600 miles [2,575 Km] – an estimate based on today’s roadways and rail infrastructure – and all that in just over two weeks. It is rather astounding that Williams’s survived that pace, let alone his seventy-one-year-old grandfather.

Arguably, Williams did not hold up so well. He was an eternal romantic, to which his letters and countless poems written around this time attest. Even his ten travelogues for his high school newspaper splay out in fantastic and exotic details his total absorption into the arts, myths, legends, and historical events that came to define Europe over the past few centuries.²¹ But more important is the fact that Williams was a young man of fragile constitution. At the age of five, he contracted diphtheria, which nearly killed him, and then Bright’s disease, from which he had to relearn how to walk. As Lyle Leverich notes about these early illnesses, “The seeds of his lifelong hypochondria had been sown” (Leverich, 1995, p. 43). First bedridden, and then confined to the house for nearly two years, Williams was physically, as well as psychologically, conditioned for the type of traumatic experience that Dr. Graziella Magherini would later diagnose as the Stendhal Syndrome.

¹⁷ Postcard from Sorrento.

¹⁸ Postcard from Florence.

¹⁹ Postcard from Venice.

²⁰ Postcard from Milan.

²¹ These ten travelogues have been reproduced in their entirety in Williams (2000, p. 224–236). For detailed analysis on them, see Bak (2014, p. 10–16); and Bak (2021, p. 59–64).

Figure 2 – Rome, Monumento Nazionale a Vittorio Emanuele II. Tom in front of the Tomb of the Unknown Soldier, 23? July 1928.



Source: Harry Ransom Center, University of Texas at Austin.

“Absorbed in contemplating sublime beauty”: panic attacks and the Stendhal Syndrome

In his New York Times article for 6 November 1988, entitled “Going to pieces over masterpieces”, Louis Inturrisi includes as his lede, “With Stendhal’s Syndrome, too many great works can make a traveler artsick” (Inturrisi, 1988, p. 43). The article was based on Dr. Magherini’s then forthcoming publication on her findings concerning tourists in Florence who ended up in her psychiatric ward over the years with strikingly similar symptoms: dizziness, heart palpitations, panic attacks, and other psychosomatic and pathological manifestations. It “strikes mostly unmarried tourists of the sensitive and impressionable type,” Inturrisi acerbically adds, “often from small towns and without travel experience” (Inturrisi, 1988, p. 43). Coincidentally, Inturrisi was perfectly describing the young Tom Williams during his traumatic European experiences:

The victims are overwhelmed by the huge number of places they think they should visit, by the heap of information poured over them by guides and guidebooks and by the demands of running from one masterpiece to another.

A panic state results from the tourist's confrontation with too much art and too much history in too short a time, coupled with the frustration produced by the impossibility of seeing it all in one visit.

Some reach crises in front of famous paintings or are overcome with awe when confronted with places like Pompeii or statues like the Pieta, which they have read about in school and finally experience as real (Inturrisi, 1988, p. 43).

The syndrome takes its name from the French writer Stendhal, who, on 22 January 1817, described in his journal a panic attack he underwent during an intense visit to the Santa Croce Basilica in Florence:

The day before yesterday, as I descended upon Florence from the high ridges of the Apennine, *my heart was leaping wildly within me. What utterly childish excitement!* [...]

As the minutes passed, so these memories came crowding and jostling one against the other within my soul, and *soon I found myself grown incapable of rational thought*, but rather surrendered to the sweet turbulence of fancy, as in the presence of some beloved object.

[...] The tide of emotion which overwhelmed me flowed so deep that *it scarce was to be distinguished from religious awe* (Stendhal, 1959, p. 300-301, emphasis added).²²

A striking similarity is palpable between Stendhal's enraptured, florid language in his journal and Williams's in *the little diaries* he reworked into his ten travelogues. Even Stendhal's *religious awe* is echoed later in Williams's *Memoirs* about how "Lord Jesus had touched my head with mercy" (Williams, 2006a, p. 21) and freed him from his panic attack in Cologne. The similarity is purely coincidental, however, or psychologically deterministic as Dr. Magherini would later claim, since Williams had not read any of Stendhal's works by this time, and would perhaps only encounter him later while studying French under Harcourt Brown at Washington University from 1936-37; nor did *his* panic attack take place in Florence, despite his having been there.

Stendhal, however, was only just beginning to fall under the strong trance of the sublime experience. He convinces the approaching Friar to unlock the chapel for him so that he can gaze upon the Volterrano frescoes. Once there, Stendhal succumbs to an anxiety attack:

²² For a similar experience that Proust writes about, see Teive, Munhoz, and Cardoso (2014, p. 296-298). And for Dostoevsky, see Amâncio (2005, p. 1099-1103).

[...] I underwent, through the medium of Volterrano's *Sybils*, the profoundest experience of ecstasy that, as far as I am aware, I ever encountered through the painter's art. My soul, affected by the very notion of being in Florence, and by the proximity of those great men whose tombs I had just beheld, was already in a state of trance. [...] I had attained to that supreme degree of sensibility where the *divine intimations* of art merge with the impassioned sensuality of emotion. As I emerged from the porch of *Santa Croce*, I was seized with a fierce palpitation of the heart [...] (Stendhal, 1959, p. 302, author's emphasis).

As Allie Terry-Fritsch writes of this passage, Stendhal's "nervous sensations" in mind and body "were vestiges of his ecstatic aesthetic experience [...], where the blending of sensibility with sensuality allowed for a kind of knowing that was both sublime and dangerous" (Terry-Fritsch, 2020, p. 21). Still quite young and not yet as worldly as Stendhal is here, Tom Williams could not yet have processed his attack in such neuroaesthetic terms. He does manage, however, to produce his little poem about *strangers pass[ing] me on the street*, a significant creative endeavour to which I will return later.

La Sindrome di Stendhal [1989] details Dr. Magherini's medical observations of 106 cases she treated at the psychiatric ward of the Santa Maria Nuova hospital in the centre of Florence for nearly a decade. A Freudian analyst by training, Dr. Magherini drew on several psychoanalytical theories in diagnosing her patients, including Donald Winnicott's on the True Self and the False Self, Donald Meltzer/Meg Harris Williams's on the *aesthetic conflict* and the *apprehension of beauty*, and Wilfred Bion's *emotional thinking* and the *catastrophic change* implied in the experience of knowledge. As she writes,

Many of our patients are people affected by beauty, but a large number of them are savagely withdrawn from it, finding refuge in illness from the impossibility of tolerating the passionate relationship with the aesthetic object, that fascinates with its formal qualities, but which produces pain from the enigmas which it generates and from the dilemmas which it poses (Magherini, 1989, p. 8).²³

She classified her patients into three distinct categories: Type 1: Patients with predominantly psychotic symptoms, representing 70 of the 106 cases; Type 2: Patients with predominantly affective symptoms, of which there were 31; Type 3: Patients whose predominant symptoms are somatic expressions of anxiety (e.g., panic attacks), of which there were only five. Concerning Type 1 patients, only 38 percent had a prior psychiatric

²³ "Muchos de nuestros pacientes son personas afectadas por la belleza, pero gran parte de ellos salvajemente retirados de ella, refugiados en la enfermedad, por la imposibilidad de tolerar la relación apasionada con el objeto estético, que fascina con sus cualidades formales, pero que produce dolor por los enigmas que genera y por los dilemas que plantea" (Magherini, 1989, p. 8).

history, whereas 53 percent of Type 2 patients reported some sense of depersonalization of the kind Williams experienced in Paris, Cologne, and Amsterdam. The psychological profile of Type 2 patients also closely aligns with Williams's: single persons who were relatively young, sensitive, impressionable and traveling on their own or in groups, and were confronted by the sight of great works of art. Williams's description in his *Memoirs* noted earlier, however, suggests that he was closer to Type 3. Perhaps the passage of time between the 1928 experience and its 1975 recollection in print could account for the difference in his classification here, at least in terms of the degree of Williams's psychological trauma and his cognitive dissonance.²⁴

Based on her record of treating such patients, Dr. Magherini inferred that the disorder had an unpredictable and unexpected onset. The symptoms lasted for about two to eight days, triggered neuropsychiatric symptoms [thought disturbances] in 66 percent, affective disorders in 29 percent, and dysautonomia symptoms [anxiety disorders with panic attacks] in only five percent of her patients. In her bilingual follow-up study, "*Mi sono innamorato di una statua.*" *Oltre la sindrome di Stendhal / "I've fallen in love with a statue": beyond the Stendhal Syndrome* (Magherini, 2007), Dr. Magherini adds: "One constant emerges: a crisis of identity, and therefore of the cohesion of the Self, stemming from the concatenation of personal history, travel and the impact of art" (Magherini, 2007, p. 170).²⁵

Years later, in a 2019 interview with Dr. Magherini, she said that "Patients show the problems that we all have inside even if we are not aware of them in a more explicit way, this is very important. It's also important to underline the connection between art and

²⁴ Support for this idea can also be found in a recollection Williams writes about in his *Memoirs* aboard the S. S. *Homeric* on their voyage to Europe where one of the passengers alludes to Williams's latent homosexuality:

Captain De Voe did not like my spending so much time with the dancing teacher. The three of us were at a small table in the ship's bar one night, toward the end of the voyage, when Captain De Voe looked at me and said to the dancing teacher, "You know his future, don't you?" (Williams, 2006a, p. 17).

That Williams recalled this memory half a century later suggests he knew enough about homosexuality to decode Captain De Voe's allusion or simply created the memory, consciously or not, for the book.

²⁵ By way of examples, she provides several: "The crises ranged from panic attacks entailing physical discomfort, thus the fear of fainting, suffocating, dying or going mad, along with vertigo and/or tachycardia [...]" (Magherini, 2007, p. 169); "Franz, an impeccable and rather stiff Bavarian gentleman, became stricken [with panic] before Caravaggio's *Adolescent Bacchus*" (Magherini, 2007, p. 173); or "*Benoît*, a French university student, standing before the *David*, felt the onslaught of a very strong sensation that was 'unbearable' and nearly a panic attack. 'I don't understand what happened to me, something incomprehensible. This work of art creates a magnetic field of contaminated space [...]" (Magherini, 2007, p. 283).

psyche and how significant it is to know the traces of the past” (Magherini, 2020).²⁶ “Then, once they arrive in Florence,” she continued, “they were all showing symptoms while wandering in the city or while in a church or museum, in public transport or on a bridge. These were psychic symptoms, sometimes disguised in a physical manifestation such as heart attacks” (Magherini, 2020):²⁷

These problems were nothing else but panic attacks caused by the psychological impact of a great masterpiece and that of travelling. Yes, travelling! Because the manifestation of psychic crisis is not connected to one factor only but to many. The most important ones are sensitivity, the structure of your personality, the factors of travelling itself which deprives you of your daily coordinates and comfort, and finally the encounter with the great artwork (Magherini, 2020).²⁸

When pressed by the interviewer about the reasons behind the panic attacks, she responded: “Initially we all thought it was ‘History sickness’ caused by the concentration of such a big number of historical places in Florence” (Magherini, 2020),²⁹ at which time she remembered reading about Stendhal’s illness in his travel journal.

Dr. Magherini’s theory behind the Stendhal Syndrome advanced in her initial study in 1989, and protracted in “*Mi sono innamorato di una statua*,” has solicited a plethora of responses. Much of the research and clinical case studies have looked either to confirm Dr. Magherini’s diagnosis or qualify it as a being part of a much broader psychopathological phenomenon. Harold P. Blum, for instance, lauded her “masterful contribution,” (Blum, 2017, p. 1) and Timothy Nicholson *et al.* confirmed her conclusions in their 2009 case study involving a twenty-two-year-old fine-arts graduate and creative artist who “developed a transient paranoid psychosis when on a cultural tour in Florence [...]” (Nicholson *et al.*, 2009). Edson José Amâncio applied the theory to Fyodor Dostoevsky’s epileptic fits during his travels “while contemplating some works of art, particularly when viewing Hans Holbein’s masterpiece, *Dead Christ*, during a visit to the museum in Basle [*sic*],” concluding that Dostoevsky’s “exacerbated emotions, a kind of ecstasy and lack of reality, ecstatic contemplation and physical malaise” were “highly suggestive” of his bout with the Stendhal Syndrome (Amâncio, 2005, p. 1099, 1103). Teive *et al.* found similar results when they applied the theory to Marcel Proust, “particularly the occurrence of Stendhal’s

²⁶ EHU students interview Prof. Graziella Magherini, 4’25”.

²⁷ EHU students interview Prof. Graziella Magherini, 7’8”, all *sic*.

²⁸ EHU students interview Prof. Graziella Magherini, 7’28”.

²⁹ EHU students interview Prof. Graziella Magherini, 7’28”.

syndrome and syncope when he as well as one of the characters of *In Search of Lost Time* see Vermeer's *View of Delft* during a visit to a museum" and experience just after "malaise, dizziness, tachycardia and a sudden transient loss of consciousness" (Teive *et al.*, 2014, p. 296, 298). Foreign travel, which includes the inevitable visits to numerous museums, art galleries, and historical sites, creates the perfect storm for the Stendhal Syndrome to occur.

In 2010, Angel L. Guerrero, Antonio Barceló Rosseló, and David Ezpeleta expanded Dr. Magherini's sample study to a "homogeneous group of travelers" and other artists who had "experienced emotion sickness during their trips throughout history" - including Williams's lifelong friends, Paul and Jane Bowles. They concluded that "no panic attacks or thought disorders were identified," although they did admit that their study nonetheless "modestly complements the limited information currently available about the nature and triggering factors" of the Stendhal Syndrome (Guerrero *et al.*, 2010, p. 349, 355). More recently in 2017, Swarna Datta proposed "to elucidate the clinical significance" of the Stendhal Syndrome, present "a review of existent research," outline "the space for the multi-paradigmatic examination of this behavioral phenomenon," and emphasise "the relevance of neuroaesthetics as a promising approach to the study [...]" (Datta, 2017, p. 66, 71). In sum, the medical, psychiatric, and neurological literature on or connected to the Stendhal Syndrome is vast, with most researchers agreeing that the combination of foreign travel and overexposure to art and historical landmarks can inflict predisposed persons with a sense of panic, hysteria or depersonalization.

The theory has sparked an even wider debate among psychological theorists and practitioners about the relationship between the perception of beauty/foreign travel and (psycho)somatic crises. Giuseppe Galetta, for example, developed "an *Aesthetic Algorithm* able to identify the *share of Beauty* required to activate the Aesthetic Pleasure, by introducing specific *responsive* elements in the artworks with the aim of predicting, and also predetermining, the viewers reactions," including the Stendhal Syndrome (Galetta, 2014, p. 248). While research has shown "art viewing stimulates the right hemisphere and prefrontal cortex of the brain" (Galetta, 2014, p. 251), Galetta believes that

the above compositional elements are able to induce precise aesthetic behaviours, influencing the aesthetic choices and driving the aesthetic preferences of the viewers towards some artworks rather than others, activating so the Beauty recognition and the Aesthetic Pleasure in the perceivers. We even believe that, if such elements were present all together in a specific display context, and were shown to neurophysiological

predisposed individuals, they could be able to cause a perceptive shock or *aesthetic breakdown* in the perceiver, known as *Stendhal syndrome* (Galetta, 2014, p. 251).

Thus, the same mechanism that triggers the Aesthetic Pleasure principle in some viewers produces somatic trauma in others and “may be predicted or even predetermined” (Galetta, 2014, p. 251). In Williams’s case, the “aesthetic precognition” that Galetta describes could have accounted not only for his phobic crises in Europe but also the poem that resulted from it, as we shall see later.

Also linked to the various advances or testing of Dr. Magherini’s theory are studies on the psychopathology of tourism. Ana Moreno-Lobato, Jose Manuel Hernández-Mogollón, Barbara Sofía Pasaco-Gonzalez, and Elide Di-Clemente, for instance, offer an extensive review of the literature on the relationship between tourism and emotion, including research on the Stendhal Syndrome, and “cover the study of psychological contributions applied in the field of tourism marketing through the analysis of the different variables and concepts used in scientific production.... the analysis of the applicability of different psychological theories in tourism marketing for the evaluation of emotions” (Moreno-Lobato *et al.*, 2021, p. 168). Also of note is David Picard and Michael Robinson’s (2016) edited collection *Emotion in motion: tourism, affect and transformation*, which shows that Dr. Magherini was not wrong in her empirical evaluations that led to the formulation of the Stendhal Syndrome, but that the somatic condition she describes has had a much more expansive and complex history than her several dozen patients in Florence can account for. “[E]motions are necessary, and in many ways inevitable, for engaging with the world,” Robinson writes in his introduction, entitled *The emotional tourist*:

Recalling the Stendhal syndrome usefully points to the idea that the power for emotional engagement may not lie in the object itself but in the drama and romance of the story of encounter with the object. Whether Henri-Marie Beyle (to give Stendhal his real name) really did almost faint at the art on display in Florence is largely beside the point, but the story has persisted and has succeeded in permeating our ostensibly European collective consciousness. The myth that something exists within the world which is the embodiment of all known beauty or purity is a persuasive (and arguably, universal) idea akin to the stories surrounding the Golden Fleece of Greek mythology or the Holy Grail in Christian culture. The motif that objects, events, places and peoples are present in the world which can produce significant and visceral reactions which both confirm and transcend our own humanity is powerful and persistent (Robinson, 2016, p.

In short, any tourist who travels to a distant land does so precisely to explore its art, culture and natural beauty and is thus predisposed to emotional responses, perhaps not to the degree of dysautonomia, but the possibilities for such an attack is nonetheless universal and predetermined.

That fact alone should persuade travel writing scholars to re-examine, and potentially recalibrate, the various examples of traumatic encounters with the sublime by Romantic or modern authors travelling across Europe or similar foreign climes, such as Gérard de Nerval's *Journey to the Orient* [1851], Arthur Symons's *Cities* [1903], and *Cities in Italy* [1907]; Henry Adams's *Mont Saint Michel and Chartres* [1904], or even V. S. Naipaul's *Beyond belief* [1998], to name a few. Writing of Palace of the Kremlin in Moscow, for example, Symons notes,

To be in one of these hot and many-coloured rooms is like being shut into the heart of a great tulip. Only fantastic and barbarous thoughts could reign here; life lived here could but be unreal, as if all the cobwebs of one's brain had externalised themselves, arching overhead and draping the four walls with a tissue of such stuff as dreams are made of. [...] The brain, driven in upon itself from such sombre bewilderments imprisoning it, could but find itself at home in some kind of tyrannical folly, perhaps in actual madness (Symons, 1902, p. 172-173).

And specifically of Florence, Symons adds,

Picture-galleries in palaces call one away from what is lovely in the streets, the river-side, the bridges, though indeed the art of the bridges, the aspect which has come to that river-side, are akin to all that Florence has created in paint and marble in those galleries. If we could endure so continual a pressure and solicitation of beauty, no city would be so good to live in as Florence; but the eyes cannot take rest in it: they are preoccupied, indoors and out of doors; this prevalence of rare things becomes almost an oppression (Symons, 1907, p. 134).

Though not in the same dramatic fashion as Stendhal or Williams, both references from Symons call for a similar experience. As Charles Forsdick writes in *Travel writing in French*, "Travel literature provided a particularly apt frame for Romantic writing, with the journey permitting a focus on the particular concerns of individual travellers often subject to the anxiogenic condition of existential malaise associated with disillusionment and

³⁰ See also Robinson (2012).

melancholy, known as the *mal du siècle*.” (Forsdick, 2019, p. 241–242).³¹ This “mal” should be reexamined in light of the Stendhal Syndrome.

All told, the Stendhal Syndrome has been confirmed a valid diagnosis, but whether it explains a specific type of [psycho]somatic trauma unique to Florence, or stands instead as a singular neologism – or branding, if you will – for a collective autonomic dysfunction that had already been identified and given various names over the years, remains to be determined. Yet, despite certain naysayers or detractors in the medical field who find Dr. Magherini’s theory to be derivative of Edmund Burke’s or even Longinus’s theories on the sublime at best, unscientific or pop psychology at worst,³² the popularity of the Stendhal Syndrome is undeniable.

It has even found traction in the art community. In addition to Terrence McNally’s 2004 theatrical collection *Stendhal Syndrome*, which contains the play *Full frontal nudity* cited in the epigraph, one can cite Dario Argento’s 1996 police thriller *La Sindrome di Stendhal*, as well as at least two novels, Isabelle Miller’s *Le Syndrome de Stendhal* (2003) and Alejandro Cernuda’s *Stendhal Syndrome* (2020), and one graphic novel, Aurélie Herrou’s *Le Syndrome de Stendhal* (2017), just to name a few.

“as lightly as a snowflake”: Williams’s second and third brushes with “madness” in Cologne and Amsterdam

Figure 3 – Cologne postcard from Rev. Dakin, 13 August 1928



Source: Harry Ransom Center, University of Texas at Austin.

³¹ See also William Merrill Decker (2009, p. 127-144).

³² Despite its widespread appearance in medical and psychiatric journals, the Stendhal Syndrome, does not currently appear in the *DSM-5 (Diagnostic and statistical manual of mental disorders)* published by the American Psychiatric Association, a sign that it has yet to be recognized as a legitimate psychological disorder.

In early August 1928, Rev. Dakin's tour group left Italy and headed into the mountains, where the scenery was once again breathtaking, but the cooler climate did little to ease the strain the trip was causing on Williams. As he writes to his mother on 5 August from Montreux, "I do wish our trip could be prolonged at least a week. *But our schedule is relentless* – we have to leave at six o'clock tomorrow morning" (Williams, 2000, p. 18, emphasis added). By the time they had arrived in Cologne, having just spent a relaxing boat trip up the Rhine from Interlaken, Williams admitted to her that he was "just about dead from our long trip": "I can hardly keep my eyes open. Since we have a lot of sightseeing on for tomorrow morning, I imagine I had better get into that nice bed upstairs with the thick feather quilt!" (Williams, 2000, p. 21, author's emphasis). Poignantly, Williams's letter reveals his extreme fatigue, not just physical but also metaphysical in that his senses were by now saturated. It was during this *sightseeing* the very next morning that presumably they visited the gothic Cologne cathedral wherein Williams experienced his second panic attack [or the climax of one extended attack that had begun in Paris three weeks earlier³³], about which he writes for the first time in his *Memoirs*:

At least a month of the tour was enveloped for me by this phobia about the processes of thought, and the phobia grew and grew till I think I was within a hairsbreadth of going quite mad from it.

We took a beautiful trip down the winding river Rhine, from a city in Northern Prussia to the city of Cologne.

On either side of our open-decked river boat were densely forested hills of deep green and on many of them were medieval castles with towers.

I noticed all this, even though I was going mad.

The principal tourist attraction of Cologne was its ancient cathedral, the most beautiful cathedral I have seen in my life. It was Gothic, of course, and for a cathedral in Prussia, it was remarkably delicate and lyrical in design.

My phobia about thought processes had reached its climax.

We entered the cathedral, the interior of which was flooded with beautifully colored light coming through the great stained-glass windows.

Breathless with panic, I knelt down to pray.

I stayed kneeling and praying after the party had left.

³³ How many bouts of panic attacks that Williams had experienced while traveling in Europe is unclear, and that he should officially record them only fifty years after the fact does not bode confidence. In the quote in his *Memoirs* that follows, he suggests that there was only one, long crisis that built up for over a month and climaxed in Cologne, with a minor reprise occurring in Amsterdam. This would suggest he had suffered only two attacks. And yet, in the three weeks between his time in Paris and his arrival in Cologne, there is plenty of evidence in the letters and travelogues of him being in good spirits in the south of France, throughout Italy, and in Switzerland. For me, these bouts were intense moments that lasted several minutes to perhaps an hour, and not panic attacks and heart palpitations that lasted for three weeks. Arguably, Williams could have experienced multiple small attacks nearly each day that had finally reached their peak in Cologne, as he intimates in his *Memoirs*. Or he could have experienced essentially three key moments of the Stendhal Syndrome.

Then a truly phenomenal thing happened.

Let me say that I am not predisposed to believe in miracles or in superstitions. But what happened was a miracle and one of a religious nature and I assure you that I am not bucking for sainthood when I tell you about it. It was as if an impalpable hand were placed upon my head, and at the instant of that touch, the phobia was lifted away as lightly as a snowflake though it had weighed on my head like a skull-breaking block of iron.

At seventeen, I had no doubt at all that the hand of our Lord Jesus had touched my head with mercy and had exorcised from it the phobia that was driving me into madness (Williams, 2006a, p. 20-21).

Christianity certainly influenced Williams's self-identification throughout the first half of his life, and evidence of its saints and symbols pepper nearly all of his early dramatic works. That he was traveling with his grandfather's congregation no doubt also had an impact on his spiritual reasoning behind the panic attack's sudden reprieve.

Consciously or not, Williams even admits to himself in his *Memoirs* that perhaps the impetus behind the attack was as much his "phobia about thought processes" as it was his cultural, artistic, and sensual satiety. As he continues his recollection,

For about a week after that I was marvelously well and for the first time I began to enjoy my first trip to Europe. *I still found the endless walking about art galleries to be interesting for only a few moments now and then, and dreadfully tiring, physically, for the rest.*

But the phobia about "thought process" was completely exorcised for about a week and the physical fatigue began to disappear with it (Williams, 2006a, p. 21, emphasis added).

Dr. Magherini writes explicitly that the panic, palpitations, and dizziness, not coincidentally signs that Williams had experienced, are only neutralised when the patient reduces the stress and fatigue linked to the frenetic travelling and consumption of art and beauty. Normality is restored when a familiar routine is once again established. To a certain extent, the few days' journey up to the Netherlands provided that resting was necessary, but as soon as they arrived in Amsterdam and walked endlessly about the city's art galleries, Williams's phobia returned.

There is no mention in the extant letters or postcards, or even in his *Memoirs*, about what precisely Williams visited in Amsterdam, nor what triggered his third and final attack, beyond his having attended the Equestrian event of the *Summer Olympics*:

It was the equestrian competition that our party attended and it was at this equestrian event that my phobia had a brief and minor reprise.

Having thought it [was] permanently exorcised by the 'miracle' in the

cathedral of Cologne, I was terribly troubled by its fresh, though relatively minor recurrence.

That night I went out alone on the streets of Amsterdam and this time a second 'miracle' occurred to lift the terror away. It occurred through my composition of a little poem. It was not a good poem except perhaps for the last two lines, but allow me to quote it, since it comes back easily to mind (Williams, 2006a, p. 22).

The poem's composition produced the same effect in Williams as the "impalpable hand" of Christ had done a week earlier in Cologne, and Williams apprehends – again, perhaps in retrospect – that the only way to keep his encroaching *madness* at bay was either to pray – something that he was not predisposed to do later in life – or to write:

That little bit of verse with its recognition of being one among many of my kind – a most important recognition, perhaps the most important of all, at least in the quest for balance of Mind – that recognition of being a member of multiple humanity with its multiple needs, problems and emotions, not a unique creature but one, only one among the multitude of its fellows, yes, I suspect it's the most important recognition for us all to reach now, under all circumstances but especially those of the present. The moment of recognition that my existence and my fate could dissolve as lightly as the cinder dropped in a great fall of snow restored to me, in quite a different fashion, the experience in the cathedral of Cologne. *And I wonder if it was not a sequel to that experience, an advancement of it: first, the touch of the mystic hand upon the solitary anguished head, and then the gentle lesson or demonstration that the head, despite the climactic crisis which it contained, was still a single head on a street thronged with many* (Williams, 2006a, p. 22, emphasis added).

It is here, half a century later, that Williams articulates not only his obsession with writing [it kept him sane all his life] but his equating of writing with religious apotheosis. Of note is the fact that, just following his own panic attack while visiting Florence, Stendhal also found immediate relief in religious thought and art, here the poetry of Ugo Foscolo:

I sat down on one of the benches which line the *piazza di Santa Croce*; in my wallet, I discovered the following lines by Ugo Foscolo, which I re-read now with a great surge of pleasure; I could find no fault with such poetry; I desperately needed to hear the voice of a friend who shared my own emotion [...] (Stendhal, 1959, p. 302, 304, author's emphasis).

Stendhal, as Julien Bogousslavsky and Gil Assal inform us, was interested more in psychiatric than somatic medicine, and understood "folly" – like Williams with his "blue devils" – as a source of creative energy (Bogousslavsky; Assal, 2010, p. 132).

Galetta's 2014 article in the *Universal Journal of Psychology* posits that neuroaesthetics lie at the heart of an individual's conception of beauty and that, moreover, any visceral response to artwork, such as those consumed *en masse* during foreign travel, can be predicted based upon that individual's history of aesthetic patterning, what he calls the "Aesthetic Algorithm": "The steady repetition of aesthetic preferences related to same compositional elements present in the artworks allowed to predict the subsequent aesthetic choices by the viewers towards not yet posted artworks" (Galetta, 2014, p. 248). A bold hypothesis in itself, the "Aesthetic Algorithm" reveals the individual's neurophysiological response to art, identifying that person's "Aesthetic Pleasure":

Is it possible to identify the compositional characteristics of an artwork, that are able to activate the brain areas responsible for the Beauty recognition, inducing the Aesthetic Pleasure in the viewers? Maybe all of us are driven by a specific form of *aesthetic determinism* when we admire and appreciate an artwork? If we were able to predict the aesthetic preferences of the public towards an artwork, maybe could we talk about *Aesthetic Precognition*? (Galetta, 2014, p. 248, author's emphasis).

If a viewer's "Beauty perception and Aesthetic Pleasure" are "predetermined by specific visual characteristics of the artworks," one can also study that person's *past* dysautonomic responses to artwork and subsequently diagnose his or her aesthetic precognition. In Williams's case, like Stendhal's, his shift from seeing divine intervention as a way of understanding his release from the somatic attack to creative production is more a prediction of his predisposed career as a writer than it is evidence of his latent mental illness. In other words, in composing his poem within his travelogue, Williams associates the literary act as a means to stem off *madness*, when in fact it was more a neuroaesthetical response to his psychosomatic confrontation with beauty precisely brought on by his travels.

The final experience Williams undergoes is more akin, then, to Stephen Dedalus's composing his villanelle in James Joyce's *Portrait of the artist as a young man* [1916] than it is to a laying on of hands. In Joyce, a religious epiphany is secondary to an aesthetic one. After the break in chapter five of *Portrait*, for instance, Stephen awakens from a dream, and his epiphany marks the dawning of creation, for the poem begins to take shape: "O! In the virgin womb of the imagination the word was made flesh" (Joyce, 2000, p. 182-183). Art becomes divine, or, rather, divinity begets art. Stephen no longer needs the Church and its doxology to purify him because his poetry makes him pure in spirit. Over the next

few pages, a history of the composition of the poem, in effect the birth of the soul, takes place, and for Stephen it is a religious experience in and of itself. In Williams's poem, by comparison, the concluding couplet "their vastness drowns me - My hot woe/ cools like a cinder dropped on snow" marks the end of his own epiphany, which he (mis)understood throughout most of his life as meaning that creativity will stave off mental illness, when, instead, creativity was the inevitable product of his aesthetic precognition when confronting beauty in all of its horrible and magnificent splendor - in short, the Stendhal Syndrome.

Williams, of course, did not *just* stumble upon this insight in 1972, when he was drafting his *Memoirs*. He had written the poem back in 1928 and had said many times since that writing daily kept him from going mad like his sister. Perhaps, the more scientific, medical even, explanation for the cooling of his "hot woe" was the respite between Cologne and Amsterdam, just as Dr. Magherini would prescribe half a century later. Williams felt rested, physically and artistically, so much so that neither he nor his grandfather mention anything in their letters home about their continued sightseeing adventures. Rev. Dakin, for instance, sums up their final two weeks in a few short phrases on a postcard to his wife, dated 10 August: "I am writing on the boat sailing down the Rhine. Germany is great. This is most beautiful and we go from Cologne to Holland to the Olympic Games. Sail from England Aug. 18 for New York arriving Aug. 26 - then for St. Louis" (Dakin, 1928).³⁴ Interestingly enough, the Reverend leaves out the trip to London entirely, including their planned visit to Stratford-upon-Avon and Croydon, where they would enjoy a brief flight over the city of London in the early years of commercial aviation. Williams does write about their aerial excursion in one of his little travel essays, *A Flight Over London*, but he also enumerates, yet again, the many monuments visited and artistic treasures admired: "We have the thrill of recognizing the museums which we have visited, the Cathedral, the Abbey, the Houses of Parliament, the parks and even the hotel in which we are stopping" (Williams, 2000, p. 227). Fast tourism à la carte.

³⁴ Postcard from Cologne.

Final considerations

What Williams experienced in Europe in the summer of 1928 did not take on his self-diagnosed term of *madness* until after he had watched his sister succumb to *dementia praecox* in 1937.³⁵ Until then, Williams had considered it a spiritual phenomenon, which is not surprising given his family's relationship to the church. But once he began recognizing his sister's mercurial behaviour as the onset of her schizophrenia, Williams thought that dementia stalked him in the dark recesses of his brain, and the only antidote he had against it, which his sister did not, was his writing. The story of his European apoplexy did not reach print until much later in his life, however, and by then he had recalled it in sensationalised terms, with no doubt a touch or two of the fictional accoutrements he regularly inserted into his autobiographical writing for dramatic effect. The "hand of our Lord Jesus" may have indeed "touched [his] head with mercy" and "exorcized from it the phobia that was driving [him] into madness," as he mentions in his *Memoirs*. Or, he may have just seen that the end of the tour was in sight and, with it, a return to normalcy from his frenetic daily routine, even if he grew later to despise that normalcy.

I do not wish to dispute the fact that mental illness posed a real threat to Williams later in his life. I do wish to suggest, however, that a more scientific explanation exists to the spiritual phenomenon he said he underwent in Cologne in 1928. It is likely that a young and impressionable Williams – a romantic at heart who had already fallen "in love with long distances" as his namesake, Tom Wingfield, would do in *The glass menagerie* (Williams, 1971, p. 145) – was simply experiencing acute nervous exhaustion, overwhelmed by the rapid pace of his grandfather's tour, where every day Williams was exposed to yet another historical, cultural, artistic, or natural phenomenon.³⁶ It is,

³⁵ Rose Williams, of course, did not suddenly breakdown mentally. It was a slow process that took several years, and Williams witnessed most of it. But she began showing clear signs of dementia in 1936, as Leverich notes: "In truth, she was mentally ill, but no one wanted to face it—no one in the family, not Tom, not her doctor, and least of all Rose herself" (Leverich, 1995, p. 173). It was around this same time that Tennessee Williams began attaching his nervous exhaustion to the idea of his "blue devils": "But as Tom would discover, the 'blue devils' were beyond his control. They had fastened on him and would appear and reappear again in his journals and reveries. [...] Now he was beset with the fear of encroaching madness, along with the misery of sexual repression that he was still suffering at age twenty-five" (Leverich, 1995, p. 174–175). Leverich adds as an endnote: "Medical dictionaries relate baleful blue devils to 'the blues,' a commonplace name tending to belittle painful periods of clinical mental depression, often accompanied by psychosomatic illnesses and apparitions seen during delirium tremens" (Leverich, 1995, p. 608).

³⁶ In March 1935, on the eve of his twenty-fourth birthday, Williams suffered a panic attack while riding a tramcar in St. Louis and was admitted into St. Luke's hospital, remaining there for nearly a week. Believing he just had had a heart attack, Williams's doctor diagnosed him instead as "suffering from total

therefore, entirely plausible that what he experienced was more a bout with the benign Stendhal Syndrome than malignant fits of *madness*, bearing in mind that he had just passed through Florence, where the Syndrome was first medically identified.

Williams would have to wait another twenty year before returning to Europe, and his experiences in 1948 were more underwhelming than before.³⁷ “Europe?” he writes in his private notebook for January 1948, retracing his and his grandfather’s earlier footsteps, “I have not yet organized my impressions” (Williams, 2006b, p. 469). It did not take long, however, for him to put those impressions on paper. In an unpublished and undated manuscript fragment entitled *Tourists* [ca. 1949–50], probably an early draft of his essay *A writer’s quest for a Parnassus*, published in the New York Times in 1950, Williams gives his impressions of traveling around Europe with a tour group:

People touring together are always so hearty in the early mornings, with the breakfast coffee still hot in their bellies. They shout to each other, Well, well, well! How did you sleep last night? The answer is, Like a log! But with the advance of ~~the~~ day the irritations build up again. They don’t want to do the same things, one has to sacrifice his interests to another. The unaccustomed wine at meals makes them sleepy and to pull themselves out of the lethargy they drink too much of the strong black coffee afterwards. There is at least one serious quarrel and several hours of sulking and by the end of the day each has tacitly admitted that the trip is a failure and thinks with dread of the forced companionship of the ship’s small cabin going back to the States. They should have stayed there and taken a restful little vacation on the Cape, for what is Europe but a long series of animated post-cards viewed from various uncomfortable positions? (Williams, 1949–1950, [1]).

exhaustion and underweight” and prescribed “complete rest” (Leverich, 1995, p. 148). Almost a year later to the date, Williams experienced yet another attack, about which writes in a notebook entry for 19 March 1936: “Oh my, what a *blissful exhaustion!* I haven’t felt quite like this since that night in Cologne or Amsterdam – when the crowds on the street were like cool snow to the cinder of my individual ‘woe.’ Over seven years ago. A state in which the damnedest seems to have happened and you can’t be any more completely damned – and *the tired brain and body has simply got to rest for a while.* I am positively limp in every muscle” (Leverich, 1995, p. 19, emphasis added). Interestingly, it was exhaustion, not mental illness that triggered both attacks.

³⁷ Inturrisi concludes his New York Times piece “Going to pieces over masterpieces” with a theory about the anti-Stendhal Syndrome that Williams might have experienced during his return trip:

It suddenly occurred to me that I was witnessing the final stages of another undiagnosed pathology afflicting the modern tourist – a syndrome at the opposite end of the spectrum from the romanticism of the Stendhal brand – one in which its victims are nonplussed by art and history and where the symptoms are a profound desire to get home and catch up on missed installments of television soap operas. This syndrome, for which I have coined the name the Mark Twain Malaise, strikes mostly among sophisticated travelers with an unshakable cynicism and leaves them unimpressed with anything famous or universally acclaimed (Inturrisi, 1988, p. 43).

Though Williams is referring specifically here to one of several trips he made to Europe from 1949 to 1950 [probably with Frank Merlo and Paul Bowles] while writing his play *The rose tattoo*, there are overtures here to that first trip back in 1928. Williams never documented a similar experience in his travels, but these trips were no longer about tourism as much as they were about escapism. To be fair, given that Williams was consuming by this time a daily toxic cocktail of strong black coffee, cigarettes, alcohol and, soon after, barbiturates like Seconals and Nembutals, whose own side effects included dizziness, drowsiness, confusion, and difficulty concentrating, it would have been difficult by this time to distinguish in him the Stendhal Syndrome from encroaching *madness* or from a physical dependency on stimulants and depressants.

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