

**TWO HUNDRED
YEARS OF MAD
TRAVELING**



1811

Marie-Henri Beyle thinks it was a mistake to travel in new boots. His feet ache, and since arriving in Florence at five this morning, he's slept only two hours. Walking through a thunderstorm, he arrives at Santa Croce Basilica, where he is disappointed by Galileo's tomb but is impressed by Bronzino's *The Descent of Christ into Limbo*. In his diary, he writes of the Bronzino: "*Mon Dieu*, how beautiful it is!"

1826

Using the pseudonym Stendhal, Beyle publishes a travelogue, *Rome, Naples and Florence*. It is a rewrite of his earlier *Rome, Naples and Florence in 1817*, which in turn is based on his 1811 travel journals. The 1826 book rarely reflects the disappointments and inconveniences of Beyle's 1811 trip; instead, both versions of *RNF* are effuse with Italophile sentiment. Not that anyone would notice the differences: Stendhal's journals won't be published until 1888, long after he is dead. But the generalities, at least concerning Florence, are similar. In *RNF*, Stendhal visits Santa Croce, just as he did in 1811, though in the journal he arrives in September before dawn, and in *RNF* it's January during the day. But the passage for which the 1826 book will be remembered involves what happens after Stendhal leaves Santa Croce. In *RNF*, Stendhal views Volterrano's *Sybils*, not the Bronzino. The Volterrano similarly moves him; however, when Stendhal leaves he is "seized with a fierce palpitation of the heart,"

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almost falling to the ground, his “wellspring of life . . . dried up.” When compared with the much more staid 1811 journal entry, the episode reads like an embellishment, melodrama at its most overblown. But it would be a mistake to see the journal as the documentary reality and the travelogues as romances. The journal, a rehearsal for the novels to come, is filled with fictions, lies, aliases, third-person narration. Better, then, not to speak of a factual journal and a fictional travelogue, but of two characters—one named Beyle, the other named Stendhal—appearing in three books, a dissociated pair in flight across Italy.

c. 1887

Albert Dadas wakes up and he does not know where he is. Maybe this time he is in France—he has already traveled to Russia, Holland, Prussia, and Algeria. Every trip is a compulsive wandering, not a planned vacation—he is, after all, only a gas worker from Bordeaux and could never afford the luxury. When Dadas travels, he usually does not have money for a train—instead, he walks. He brings no suitcases, carries no maps. His destinations are determined by chance: if he overhears the name of a place that sounds suitably interesting, he will walk there.

There is no “why” to any of this. Each of his walks is accompanied by dissociation, i.e., the personality of Albert Dadas is replaced with another personality, that of a transient. It’s not clear why the amnesia lifts, but after it does, Albert is lost. When he is lucky, the French consul sends him home. When he is not, Dadas is arrested. In Russia, Dadas is caught in a mass roundup of nihilists and is imprisoned. Along with a third of the other accused nihilists, he is forced to walk to Turkey—an unintentionally fitting punishment. (The remaining two thirds of prisoners are either sent to

Siberia or executed.) In Linz, Dadas is arrested for vagrancy. In East Prussia, a dog attacks him; the attack leaves scars. Back in Bordeaux, Dadas complains of headaches to the psychiatrist Philippe Tissié. Tissié chronicles Dadas' comings and goings; he hypnotizes Dadas, commands him not to masturbate, analyzes his dreams. Tissié believes in hypnotism, in onanism's power to corrupt—in short, he is a doctor of his times. One wonders what would have happened if Dadas could walk to Berggasse 19 and tell Sigmund Freud his dreams. Then again, what place could have been worse for Dadas? For Dadas, fifty minutes on the couch is an eternity—like the Bordeaux gas factory, Freud's consulting room would be just another confinement fit for escape.

1901

What kind of traveler is Sigmund Freud? Does he travel light, enjoy local food, fear local disease? Does he lose his temper or give himself over to foreign inconvenience? He is, for one, an infatuated planner. If Freud has to catch a train, he sometimes arrives an hour early. Like those of a true obsessive, Freud's travel preparations occasionally eclipse their execution. This is exactly the case when it comes to Rome. Before this year, Freud spends a tremendous amount of time thinking about Rome. He studies maps, packs his things, plots itineraries. He dreams of Rome, too: in one dream he sees it censored by mist, in another he sees it replaced by a black stream surrounded by flowers and rocks. But all the dreams, plans, maps, packing, and promises don't take him to the city. Freud has excuses for his failure to reach Rome: health, timing, money. He finally settles on neurosis. This Rome fixation, for Freud, goes back to his emulation of Hannibal, his childhood hero, who never made it to Rome.

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But just as it looks as if he won't ever go, Freud arrives in Rome on September 2, 1901. Scholars will offer psychoanalytic explanations for the reversal of Freud's Roman phobia, but Freud himself offers an uncharacteristically unreflective solution: "It only needs a little courage."

1932

In January, we would find Kosawa Heisaku on an ocean liner between Japan and Europe. His final destination is Vienna, where he attempts an audience with the father of psychoanalysis. In Vienna, Kosawa wants to train with Freud and obtain his permission for a Buddhist rewrite of the Oedipus complex Kosawa calls the Ajase complex. The theory shifts the focus of Japanese familial tension away from father-son conflicts to those between the mother and son—a radical shift for any Freudian, let alone the first Freudian. When Kosawa arrives at the end of January, he calls Freud on the phone, but Freud refuses a meeting. A friend of a friend writes Kosawa a letter of introduction, and Freud finally agrees to see the young analyst. Upon meeting, Kosawa presents Freud with a print of Mount Fuji. During the meeting, Freud mumbles; when Kosawa speaks, Freud cups his ear. Their meeting over, Freud accompanies Kosawa to the door, and instead of ringing the bell for the door, Freud accidentally switches off the light. Later Kosawa would write of the slip: "If you had a smattering of psychoanalysis you could understand the degree of my joy at the moment." How exactly one should interpret this slip is difficult to say, and Kosawa's friends tell him that it most likely means Freud wanted his young colleague to stay the night. It should also be noted that at this point in his career Kosawa is known for a paper well received in Japan, dealing, in part, with socially

awkward moments: “The Psychoanalysis of Erythrophobia,” i.e., fear of blushing.

1952

An encyclopedia and dictionary, a bestiary and an inventory, the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* is also an attempt at writing an extreme literature: in order for its nosology to be successful, no illness should be excluded. In 1952, the first edition is a modest initial step—with 130 pages and little descriptive material, the book reads like an outline for a bigger book to come, but in subsequent editions the authors’ dream of comprehensiveness comes closer to realization. By the year 2000, the *DSM*, in its fourth edition (*DSM-IV*), grows close to a thousand pages, with the number of disorders tripling to just fewer than three hundred. From the first to the fourth edition, disorders come and go—most notoriously, homosexuality, which is included as a disorder in the first edition and dropped in the second. One illness remains from the beginning, though: dissociative fugue. The *DSM-IV-TR* describes a sufferer of dissociative fugue as someone who experiences a temporary imbalance concerning his or her identity while traveling compulsively. Dadas’ doctors call dissociative fugue “ambulatory automatism,” and although French doctors would have found a sizable number of *fugueurs* walking across 1890s Europe, in 1952 America dissociative fugue is almost nonexistent. And that’s how it will remain for the next fifty years. But if dissociative fugue disappeared from medical literature, it saturated the culture at large. Everywhere one looks in postwar culture, one finds a culture crowded with *fugueurs*, whether they are amnesiac detectives, programmed assassins, far-flung spies, war veterans without pasts, or zombified Manchurian candidates.

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1958

Candidate must be intelligent, with an excellent aptitude for mathematics and spatial arrangements. Personality should be highly driven and creative. Danger should not produce undue anxiety in candidate, but overly defensive responses are not desirable. Candidate must not be dependent on others, while accepting need for occasional mutual reliance and social order. Isolation is to be welcomed, as is socialization. Predictability is necessary, as is the ability to improvise. Self-destructive wishes are to be absent. Candidate must act when called on, but also know when to act when not called on. Object relations should be close, yet candidate must be able to withdrawal from relations if called on. View of environment must be undistorted by undue subjectivity. Candidate must also be able to detect when others are distorting their environments. Under stress, candidate must not develop physical problems such as rashes, nervous sweats, or gastric cramping. Furthermore, candidate is to be aware of his body, yet not narcissistically concerned with its appearance. Behavior must be selfless but not reckless. Candidate should seek success and, if necessary, accept failure.

1959

Out of 508 applicants, 32 remain. The 32, in groups of six or seven, spend one week at the Lovelace Clinic in Albuquerque, New Mexico, taking balance tests, cardiological tests, bicycle stress tests, ventilation tests, whole-body radiation tests. Their organs are injected with chemicals and dyes, their inner ears are filled with fluid, their bowels are emptied with enemas, their semen is sent for analysis. At the end of the week, one man is eliminated from the group on the

basis of the tests; the remainder is passed on to Wright Air Development Center in Ohio. There, the men live with two psychologists, Dr. George E. Ruff and Dr. Edwin Z. Levy, and take a total of thirteen psychological exams: the Rorschach inkblot test, Thematic Apperception Test, Draw-a-Person Test, sentence-completion test, Minnesota Multiphasic Personality Inventory, Who Am I?, Gordon Personal Profile-Inventory, Edwards Personal Preference Schedule, Shipley Personal Inventory, Outer-Inner Preferences, Pensacola Z Scale, Officer Effectiveness Inventory, Peer Ratings. Another twelve tests measure the candidates' general aptitude and intelligence. Six more tests expose the men to heat, pressure, isolation, acceleration, and noise. More men are disqualified, and a fifth phase of tests follows. Having passed all medical and endurance tests, the candidates who pass this final week are selected based on their flying capabilities. On April 9, at a press conference in Washington, D.C., NASA administrator T. Keith Glennan introduces seven men as the nation's first "astronauts," and from 1961 to 1963 they fly a total of fifty-three hours, fifty-five minutes, and twenty-seven seconds as part of Project Mercury.

Though the selection process' thoroughness is unprecedented, testing and profiling aviators is not new. The practice begins in World War II, when a large influx of candidates and the relatively high cost of training an aviator necessitate a more rigorous selection process. All of this testing, however, only gives the military an idea of a candidate's future performance. The effectiveness of such measurements is also tested. But what is not being measured in 1959—and what will continue to be absent from NASA's program—is a rigorous and constant study of the effect of space travel on astronauts. Edgar Mitchell, the sixth man on the moon, worries about the effects on future astronauts, especially when space travel becomes less exclusive. He speaks of his experience of space flight: "Virtually all of the philosophies, ideas,

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scientific truth . . . that were dear to me and were a part of my scientific paradigm got tossed right up into the air and fell into a big heap like a bundle of pick-up sticks.”

1962

On May 24, Project Mercury’s *Aurora 7*, piloted by Scott Carpenter, loses too much fuel and dangerously overshoots its landing. A working paper published by the United States Air Force claims that Carpenter spent the extra fuel taking unauthorized pictures of a sunset.

1989

Tourists at Santa Croce Basilica don’t spend much time with the Volterrano and the Bronzino this year. More likely they visit the Giotto, an artist Stendhal doesn’t mention in his diary or guidebook. In this year, Giotto is Santa Croce’s main attraction (many English-language books devoted to the site don’t include reproductions of the Bronzino or the Volterrano). But more changes than painters’ popularities: by visiting Florence in 1811, Stendhal becomes a member of an elite; were he to have come in 1989, he would have been one of six million visitors. *Rome, Naples and Florence*, a chronicle of Italian life and culture, also inadvertently depicts the tourist industry’s infancy. Two hundred years later, tourism has grown barnacled with mini-industries: academics study tourism’s economics, urban planners harness its “regenerative” powers, restorators polish its monuments, and mental-health professionals study its disorienting effects. One such professional is the chief

psychiatrist at the Santa Maria Nuova Hospital in Florence, Dr. Graziella Magherini. In 1989, Dr. Magherini publishes *La Sindrome di Stendhal*, a book devoted not to the writer but to the millions of tourists who engorge Florence's galleries. As observed by Dr. Magherini, Stendhal's palpitations prefigure the psychological experiences of some of these tourists—especially, as she puts it, the most “sensitive” of them. In 1989, a few hundred may have palpitations like Stendhal's, but they might also undergo hallucinations and nervous breakdowns and delirium. For Dr. Magherini, all of this emotional decay is a product not so much of travel's physical hardships but of cultural saturation—tourists are looking at too much art, for too long, and of too great a quality. The book, another kind of encyclopedia of madness, contains 107 cases of visitors buckling under Florentine aestheticism. In it, a Stendhalian sufferer speaks the following sentence: “It seemed to me that they were writing about me in the newspaper, they were talking about me on the radio, and they were following me in the streets.”

2004

The article is about a Japanese man who locks himself in a Paris hotel room. It says the man works in the cosmetic industry before moving to Rheims, France, to study fine art. The article describes how he leaves art school and moves to a hotel near Gare du Nord. After the move to the hotel, the young man experiences paranoia with auditory hallucinations. The hotel manager, noticing the young man's instability, refers him to the Japanese Embassy. The hotel manager is not quoted in the article. Soon thereafter, the young man is repatriated. One of the authors of the article—Doctor

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Hiroaki Ota of Saint Anne's Hospital, Paris—most likely sees the man before the repatriation. *Sees* here means “cares for,” which means also “psychiatrically evaluates.” In addition to the article, Dr. Ota is the author of *Paris Syndrome*, a book published in Japan in 1994. Ota's book, not yet translated into English or French, is about the psychological hardships of Japanese tourists in Paris. The book is part of a larger thesis developed by Dr. Ota: a significant number of Japanese travelers in France experience mental breakdowns owing to strong differences between the two cultures. In the ten years since the book's publication, the term will find its way into many news articles worldwide, articles that are mostly sensational, “strange but true” news—i.e., non-news. In 2004, the previously mentioned article appears in a French psychiatric journal, *Nervure: Journal de Psychiatrie*. In addition to Dr. Ota, the article has four other authors: Annie Viala, Marie-Noëlle Vacheron, Pascal Martin, and François Caroli. In a logical and obvious distinction, they identify two types of Paris syndrome, the first more or less a preexisting condition, the second brought on by traveling to Paris. The young man in the hotel room is presented as a victim of the latter. The article claims that many Japanese in this second group, by going to Paris, are looking for an “ideal elsewhere.” They, the people in this second group, are disappointed by Paris—the service, the need to express one's emotions openly, the dirt, the decay—things that are so extremely disappointing to them that this disappointment may lead, in rare instances, to psychosis.

2007

It's not strange-but-true but front-page, national, and international news. NASA robotics specialist and astronaut

Captain Lisa M. Nowak drives 950 miles from Houston to Orlando International Airport. When she arrives at the airport, she puts on a hooded trench coat and black wig and waits for Colleen Shipman, United States Air Force captain, to exit her flight from Houston. Nowak is jealous of Shipman, who is currently seeing an ex-boyfriend of Nowak's, astronaut William "Billy O" Oefelein. After leaving the baggage pickup, Shipman notices she is being followed and runs to her car, where Nowak pepper-sprays Shipman through the window. Shipman flees the scene and finds airport security. A short time later, Nowak is arrested. After searching Nowak's car, police find a 9 mm semiautomatic replica BB gun, ammunition, a steel mallet, rubber tubing, a knife with a four-inch blade, latex gloves, six hundred USD, forty-one GBP, a computer disc containing bondage photos, and baby diapers. Some of the diapers have been used. In a statement to Orange County police, Nowak claims she used the diapers to avoid making a rest stop during her drive from Houston. The media note that the practice is reminiscent of how diapers are used by astronauts during moments in space flight when it is impossible to use a toilet. Nowak's lawyer later denies that she used the diapers, and a receipt shows that she made a brief stop at a Days Inn before arriving in Orlando. Nevertheless, the diaper detail becomes a source of ridicule in the media. Days after Nowak's arrest, NASA announces it will review its psychological services, which currently conduct little psychological supervision after an initial two-hour psychiatric interview. On November 10, 2009, Captain Nowak pleads guilty to burglary and battery, receiving no additional jail time beyond the two days served. Placed on probation, she is required to serve fifty hours of community service and attend eight hours of anger-management classes.

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2008

The first call we make is to Dr. Ota. I'm making a film on Paris syndrome, and I don't speak French, so a friend, fluent in French, offers to make the phone call to set up an on-camera interview. She leaves a message on Dr. Ota's answering machine and later receives a callback from Dr. Ota's wife saying what I already know: Dr. Ota does not give interviews. His wife adds that even if Dr. Ota wanted to speak to me, he cannot because he is Japan and will not be back soon.

The second call we make that day is to Mr. Okita. Mr. Okita works at the Japanese Embassy; he replaced Yoshikatsu Aoyagi, who spoke often to the press about Paris syndrome. Okita is fluent in English, so I'm able to speak with him without assistance. The words I used in my journal that evening are "Okita turned down the interview *very emphatically*." I also use the words "got the embassy into hot water." I'm not sure if the second sentence describes Okita's predecessor or the general practice of speaking to the press about Paris syndrome. I'm also not sure if that second phrase is my impression of the discussion or Okita's exact words. Whatever the reasons, the embassy will not speak to me, as Dr. Ota will not, as the four other authors of the previously mentioned French article on Paris syndrome will not.

2008

I've sat the interpreter behind the interviewee so that the interviewee will not look out of the frame at the interpreter. Sometimes the interviewee turns around anyway, giving her ear to the camera. We are doing consecutive rather than simultaneous interpretation: i.e., I ask a question in English, the interpreter translates the question into French, the inter-

viewee answers in French, and then the interpreter interprets the answer into English. That means every interview is very long, half of it being taken up by translation. Sometimes someone on the crew—all French speaking except for the camerawoman and me—will suggest a different translation. Even though I don't understand what the interviewee is saying, I nod when she speaks. I try to make eye contact. I smile when the French-speaking crew gets a joke I don't understand. It's distracting, the process—highly artificial and prone to technical problems.

Today the interviewee is Erika Nasu, a Lacanian psychoanalyst, whom I met through a Japanese filmmaker. Nasu is the first psychoanalyst and the first Japanese woman I've interviewed for the film, the rest being doctors and psychiatrists.

"So, my opinion on the syndrome," Nasu says. "The term *Paris syndrome* is a troublesome term, as we say in French, that is to say that it groups together several types of illnesses, symptoms, and psychic structures, which makes it very difficult to talk about Paris syndrome in clinical terms. Clinically, scientifically, it doesn't mean much to me, Paris syndrome, because, for example, among the patients who come to see me, there are several types of psychic structures. So, in fact, one cannot group them together or put them in the same sack."

Clinically meaningless, but still there, somehow. That's how the conversation goes. Yes, but. Yes, but. Nothing to it, Paris syndrome—yet there is something to it, on some level. I share the same indecision: a previous interviewee spoke of the syndrome as if it were a physical reality, a kind of cultural gravity, while a second interviewee did nothing but attack Dr. Ota and the press for talking about such absurd ideas. The skeptic even suggested, erroneously, that a reporter had invented the whole thing. Nasu, though, is somewhere in between. At first she calls the term meaningless, then she reverses herself by saying that there is a

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cultural difference between the French and their country's Japanese visitors, but something more meaningful than common cultural misunderstandings.

"I reflected on this a bit," she says. "And I wonder if it is not actually the relationship with speech that is, actually, completely upset by being in France. For the French, speech is very, very important. And often what my Japanese patients tell me is that they don't know what to say when the French ask them what they think of certain things. They are asked what they think about a certain situation, and when they are asked these questions they don't know what to say. They feel aggressed against. They have never had to reflect on these things. This is not part of their conception of the world, to reflect on what they think about certain things. This does not interest them."

Of course, this causes a problem for someone whose path to salvation is the talking cure. Until this point, the question has never crossed my mind: what is the status of psychoanalysis in Japan? Nasu tells me that psychoanalysis is very rare in Japan. In Paris, her Japanese patients are not predisposed to divulge to a stranger. Unlike a good Lacanian, Nasu cannot rely on silence; she must ask more questions of her patients than a Lacanian analyst would. As we talk about silence, its importance and the problem it causes for psychoanalysis, the larger problem of cultural difference becomes clearer.

"At the beginning, Paris is for them a very, very beautiful city with pretty women," she says. "Superbly intelligent and nice people, and of course this is not the reality. Well, there is the psychological explanation we talked about earlier, but if we go further, well, there is the little surprise, which sets off this type of serious illness in some Japanese. But it's not just that, this little surprise. Actually, it goes further than that: there is something they imagine to be their reality, and the way in which they apprehend reality. Well, it collapses—yes, collapses—there is something that just doesn't work

here, something that was fine when they were in Japan, but here it collapses. But we need to find out what. What sets off this collapse?"

2011

For a while—decades, maybe a century—Mars is the future. It is either the place that we will conquer or the place that will conquer us. This fantasy-nightmare holds until suddenly the future moves elsewhere—outer space burrows inward to devices and genes, the tiny and earthly. That's not to say American presidents have forgotten about Mars. President George H. W. Bush calls for a mission to Mars and so, later, does his son, President George W. Bush. To the Bushes, Mars is galvanic: "We choose to explore space because doing so improves our lives and lifts our national spirit," George W. says. Then, one presidential term later, President Barack Obama repeats the call to Mars. "Nobody is more committed to manned space flight, to human exploration of space, than I am," he says.

At the Russian Academy of Sciences' Institute of Biomedical Problems, Moscow, an experiment is under way to test the social, mental, and physiological effects of long-term space flight. The goal is Mars. Three Russians, one Chinese, one Frenchman, and an Italian—all men—spend 520 days in a simulated spacecraft, a structure with a limited food supply and a twenty-minute communications delay. The first 250 days simulate the trip to the planet, the next thirty days simulate a Mars landing, and the last 240 days simulate the return trip. The staging is more avant-garde theater than Hollywood blockbuster: the walls of the windowless spaceship are wood, the chairs are office chairs, and a sandpit viewed through 3-D glasses simulates the Martian

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terrain. The experimenters will simulate a Mars landing and emergencies, but most of the risks will be imaginary. None of the astronauts will die in the experiment, most likely, and they can leave the test at any time. Even if it is only a sandbox stage, several threats are real: bacteria, for example, will grow in the wooden spaceship as in the actual one, so the astronauts must swab and test surfaces throughout the “flight.” And then, of course, there is the problem of mental breakdowns. Like monks fearing *acedia*, the astronauts know downtime jeopardizes the mission as effectively as mechanical failure, so the test subjects bring long-term personal projects: one learns Russian, for example, while another reads Gabriel García Márquez. Email and movies are allowed, but alcohol is not. Taking the spaceship-monastery analogy further, female astronauts are also banned from the experiment. The reason for this, as experimenters explained to journalists, is that the presence of a woman was the trigger for a brawl in a previous version of the experiment. (The men brawled, not the woman; however, women—not men—are banned.) Instead of the daring exemplified by a Project Mercury test pilot, a Mars space program requires the patience and fortitude of a recluse. As posed by interplanetary travel, the menace faced by travelers is no longer characterized by novelty but by routine. The astronaut’s heart, unlike Stendhal’s, will not babble to sensual, alien life. Instead, it will be ossified by boredom.