Rome Syndrome –
Tourism, Heritage and Guidebooks at the ‘Crossroads of the real and the ideal’.

‘What happens when tourists scream with fear, shout with anger and frustration, weep with joy and delight, or even faint in the face of revealed beauty? How can certain sites affect some tourists so deeply that they require hospitalisation and psychiatric treatment?’

‘My longing for Rome is, by the way, neurotic’ (Freud, 1897).

Introduction

The critical journey of this paper raises the question: is there a Rome Syndrome? This quest arises in response to the growing interest in the genre of Significant or Well-known Place Syndromes that in turn have relevancy to the theme of this research project by offering novel insights into the complex interactions and relationships between ‘topoi, topographies and travellers’. These syndromes, as the name suggests, are triggered by the movement of travellers to places that exert a powerful hold on the imagination and describe the sudden onset of extreme, and overwhelming emotions that in turn manifest in strange/unexpected/spontaneous/paradoxical patterns of behaviours. The phenomena encompass destinations that have become idealised and desired, as we shall see, in some cases feared and demonised. The iconic sites of the Acropolis, Florence, Paris, the Whitehouse and Jerusalem² have entered the syndrome canon and have seen heritage questing and traveller behaviours thus encompass whole spectrums of emotions: – from intense passion, desire, fever, ecstasy and joy to crisis, breakdown, depression, neurosis, and psychosis.

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¹ Picard and Robinson 2016: back cover.
² Bar-el et al 2000.
Crucially too, just like the guidebook, and dynamics of tourism and heritage themselves, these syndromes are powerfully located at the ‘crossroads of the real and ideal’ and as such, are best expressed as episodes in which the traveller’s pre-existing and again oft ‘idealised’ and/or overdetermined images and perceptions of place enter into dramatic encounter, often conflictedly, with the ‘reality’ of place. Rome as an iconic site similarly exerts a powerful hold on the imagination and can very ably hold its own with the abovementioned destinations.

Heritage Syndromes and/as Ritual Possessional Acts

The critical framework of this paper draws on my ongoing research: firstly, in recasting the above phenomena/behaviours more specifically as Heritage Syndromes (HS) thus accenting non-medical usage of the term syndrome as ‘convergences’ of diverse psycho-socio-cultural and as magico-spiritual-esoteric qualities/behaviours. Secondly, in critical explorations of Jerusalem Syndrome (JS) which is argued to be the most extreme or ‘florid’ syndrome strain. Affecting first time visitors to the city, some regard the JS as a sudden and an extreme form of religious expression synonymous with intense experiences of spiritual ‘wellbeing’. However, JS has undergone intense pathologisation to feature in the pages of the British Journal of Psychiatry as a serious psychiatric illness synonymous with harmful experiences of ‘psychotic decompensation’, ‘delusion’ and ‘depersonalisation’.

Of note is that JS ‘sufferers’ display ‘symptoms’ that collect around ritualized behaviours exhibited in different severities: the most pronounced cases lead ‘sufferers’ to identify with iconic religious figures (typically Old and New Testament). As such they regard themselves as specially ordained prophetic, messianic messengers on a holy mission to fulfil the promise of redemption. The Rough Guide with a more comedic edge dubs Jerusalem as a ‘schizophrenic city’ depicting JS ‘sufferers’ ‘wandering the streets, dressed in the robes of their adopted persona’ of which ‘Jesus is the favourite, but others include Moses, King David, John the Baptist and the Virgin Mary’.

From the above critical positions, I argue the importance of framing the lived experience of heritage quests, efficacies and encounters as ritual dramas and possessional acts. Taking forward a critical, comparative exploration of the JS, other HS’ and Rome’s own potencies of place I am interested in understanding these phenomena not only in terms of underpinning motivations and the ways in which persons possess place but equally their efficacies vis-à-vis how places – and other heritage forms/entities – possess persons. Crucially these possessional acts in turn crystallise dual traits active

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3 Butler(a)forthcoming/Butler(b)forthcoming.
4 Ibid.
5 Bar-el et al 2000.
6 Jacobs 2009: 42.
within HS: the will to possess – increasingly synonymous with the will to variously rationalise/secularise/medicalise/pathologise and control curb the ‘extremes’ of heritage phenomena/behaviours - and the will (or perhaps better ‘call’?) to be possessed – expressed in desires to fuse/merge/commune with/be overwhelmed/subsumed by heritage as passion, faith, wonder, sublime, beauty, awe, divinity etc."

I am thus interested in how such salient loci provoke typically heightened and intense acts of identity-work and place-making that similarly situate ‘topoi, topographies and travellers’ as activated, empowered entities. Moreover, as ritual behaviours and experiences at the ‘cross-roads of real and ideal’: - in syndrome terms, the ‘idealistic collective subconscious images’ conflicting with the ‘reality of the modern city’- visitors’ wellbeing (sanity or madness) – is argued to hinge upon the capacity to successfully ‘bridge’ competing visions of place. Here too the guidebook/travel-writing occupies a salient role in cultivating or curing and otherwise controlling and/or transforming syndrome possessional acts/behaviours and the efficacies of the sites themselves.

While from one perspective, syndrome symptoms of collapse, splitting and disembody signal extreme illbeing these can be alternatively recast as the activation of alternative heritage quests and ritual dramas (whether deemed malign/benign, successful/failed, functional/dysfunctional) of world-making/un-making/re-making as redemption, repair, and renewal. The control and transformation of heritage as an extension of the control and transformation of self(selves)/world(s)/cosmos’/other(s) sees new creative possibilities generated and alternative insights into such phenomena emerge in the very crisis/drama of possessing/resisting/redeeming or otherwise being possessed/ resisted/ redeemed by such loci.

**All Roads ... In and Out Freud’s Footsteps**

‘When, finally, on the afternoon after our arrival, I stood on the Acropolis and cast my eyes around upon the landscape, a surprising thought suddenly entered my mind: “So all this really does exist, just as we learnt at school!”’ (Freud, 1936).

Our journey begins in the footsteps of Sigmund Freud. The father of psychoanalysis makes an apt travelling companion as he famously exhibits a complex variety of emotions, attitudes, and anxieties to different travel destinations and, in the case of Rome, to the same destination. His travel behaviours see him embark on complex detours, abortive trips, again most notably in his attempts to fulfil his

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desire to enter Rome. Crucially too, Freud’s ‘Disturbance of Memory at the Acropolis’ instigates ‘mental symptomology’ of heritage encounters. Our quest thus begins by following Freud on the path to increased pathologisation while simultaneously highlighting the alternative, concurrent forces, ritual behaviours and values ‘acting back’ to disrupt, destabilise and possess. From the Acropolis we make our own strategic detours to explore Stendhal’s behaviours in Florence, address the extremes of Jerusalem’s possessional forces, before re-joining Freud to enter the Eternal City.

Freud’s ‘disturbance’ took place in 1904: the visit to the Acropolis was unexpected in the sense that, on meeting an ‘acquaintance’ in Trieste, Freud and his brother were advised to go to Athens to avoid the extreme heat currently effecting their pre-planned holiday destination of Corfu. Freud recalls that despite his ‘long held dream to visit the Acropolis’ the ensuring period provoked ‘behaviour’ ‘most strange’ in both siblings and left them ‘in remarkably depressed spirits’. He reiterates ‘I believe that the two phenomena, the depression at Trieste and the idea on the Acropolis, were intimately connected’.

Once ‘possibility’ became ‘actuality’ and Freud and his brother were ‘standing on the Acropolis’ the ‘disturbance’ occurred. As sharp sense of ‘astonishment’, a double consciousness - or splitting of sorts - the ‘disturbance’ leaves Freud feeling as if his ‘person’ was ‘divided’ in two and exhibiting opposing feelings of ‘belief/disbelief’ at both the ‘reality’ of the Acropolis and of his proximity to this potent place. Freud regarded this ‘disturbance’ as ‘truly paradoxical behaviour’, that marked a ‘break’ in rational responses. Later symptomatised as an episode of ‘derealisation’ Freud regards his ‘incredulity’ as a ‘defence mechanism’ which while typically activated ‘to repudiate a piece of reality [that] threatened to bring displeasure’ paradoxically the Acropolis experience was one that, ‘on the contrary, promises to bring a high degree of pleasure’. He reiterates the contradiction ‘As a rule people fall ill as a result of frustration, of the non-fulfilment of some vital necessity or desire’ however here ‘the opposite is the case; they fall ill, or even go entirely to pieces, because an overwhelmingly powerful wish of theirs has been fulfilled’.

Freud’s acts of self-analysis produce certain insights: ‘I never doubted the real existence of Athens. I only doubted whether I should ever see Athens. It seemed to me beyond the realms of possibility that I should travel so far – that I should “go such a long way”’. Ultimately Freud the scientist possesses and rationalises the ‘event’ within the psychoanalytic framework i.e. ‘throwing light upon unusual,
abnormal or pathological manifestations of the mind’, and as ultimately bound up in Oedipal conflict and feelings of guilt (successful ‘wish-fulfilment’ that brings recognition that he has ‘surpassed’ his father) – he saw it as a rupture that was significant enough to ‘reach down to the unconscious’. Thus, Freud as Oedipus was possessed by memories of childhood seeing his ‘longing to travel’ as a ‘wish to escape’ the ‘limitations and poverty’ of youth. He adds, ‘When first one catches sight of the sea, crosses the ocean and experiences as realities cities and lands which for so long had been distant, unattainable things of desire – one feels oneself like a hero who has performed deeds of improbable greatness’. While such forbidden desires had found their ‘fulfilment’ Freud argued ‘I am not surprised at its after-effect on the Acropolis; I was then 48 years old’.

Freud thus sees the ‘after-effect’ of childhood desires/conflicts re-animated by encountering the Acropolis as efficacious portal capable of conflating the physical-monumental as well as psychic-mythic ‘afterlife of antiquity.’ It is an episode that continued to puzzle, perplex and fascinate Freud for the rest of his life, as it continues to do his critics. Freud’s above account of the Acropolis was penned in an open letter in 1936 to celebrate the 70th birthday of writer-mystic Romaine Rolland12. It is a unique piece of writing located at the ‘cross-roads’ of travel-writing, self-analysis, scientific-psychoanalytic tract and personal commemorative act. Autobiographically it is poignant too. At the time of writing Freud is 80 years old and feeling impotent at his immobility. He self-deprecatingly confesses: ‘I myself have grown old and stand in need of forbearance and can travel no more. My powers of production are at an end. All that I can find to offer you is the gift of an impoverished creature, who has “seen better days”’.

Freud’s behaviours, immediately before, during and after the Acropolis ‘disturbance’ and subsequent self-analysis, - his thinking and writing on the topic -, can be viewed in the wider context of HS dramas as ritual responses and possessional acts. Employed by Freud to grasp, control and possess paradox, abnormal behaviours, and repressed desires et al in order that they be ‘mastered scientifically’. Similarly, Freud’s broader ‘therapeutic travel’ and ‘travel-woes/Reisemalheurs’ are attempts at controlling worlds and mastering his travel fears, phobias, desires and phantasies. Writ larger still, these behaviours are part of the wider possessive will of modernity to position Enlightenment scientism, rationalism and secularism as the ‘royal road’ to the fulfilment of ‘progress’ and ‘civilization’.

12 Ibid.
The dual forces as play in Freud’s profound experience of ‘disturbance’, ‘splitting’ and ‘doubling’ however paradoxically expose the limits and inevitable collapse of modernity’s boundary-making project and accompanying categorical statements on ‘reality/fantasy’. With echoes of HS, heritage desire (in Freud’s case his conscious will to possess Classical Greek heritage as Enlightenment thought) collapses to give way to reveal previously unconscious conflicted attitudes. As we shall see the call to be possessed and to adopt alternative ‘iconic’, ‘mythic’, archetypal and ‘religious’ personas/identities (for Freud as Oedipus, Hannibal, Moses etc…), offers up unexpected experiences of ‘othering’ that expose convergences of guilt, pleasure, anxiety, fulfilment, depression, and redemption are at stake in such heritage encounters.

**Stendhal’s Swoon – Cure or Cultivation**

‘I was already in a kind of ecstasy by the idea of being in Florence.’ (Stendhal 1817).

A short strategic detour enables us to explore the Stendhal or Florence Syndrome (S/FS) and the further polarisation of the dual pathways/possessional forces at play. Crucially S/FS is located at a ‘cross-roads’ at which the ‘will to possess’ sees the legacies of Enlightenment scientism taken up and transformed further by medical/psychiatric discourse into an increased ‘will to pathologise’ HS behaviours. While the ‘call to be possessed’ is bound up in extremes of 18th-19th European Romanticism which, in turn, continue to exert a potent ‘afterlife’/’lifeforce’ in contemporary heritage questing. At stake is the specific historical/ contemporary romantic obsession with Florence’s renaissance heritage. The question thus emerges should we cure or cultivate Stendhal’s swoon?

S/FS thus establishes a comparative link between the French writer Stendhal’s ‘swoon’ or ‘near-faint’ on his first encounter with the iconic Santa Croce in 1817 and the ‘brief, unexpected and severe episodes of psychic disturbance lasting from a few hours to a few days’ experienced by contemporary visitors to this and other salient sites of Florentine renaissance heritage. Within psychiatric discourse the above behaviours signal dysfunction, illbeing and harm with many cases ‘treated as emergencies’ with some sufferers ‘hospitalised’ and ‘stretched straight to the hospital from the city’s art galleries and museums’ to be treated in Florence’s Santa Maria Nuova hospital’. The ultimate cure: ‘Getting out of Italy as soon as possible and back to mundane reality’

The Italian psychiatrist Magherini who coined S/FS syndrome in the 1980s has further ‘distinguished three types of symptoms: 1) disorders of thought (changes in the perception of sounds or colours,

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13 Montanari 2013
hallucinations, a delirious perception of the external reality, feelings of persecution or guilt and fear); 2) emotional disorders (depressive anxiety and feelings of inferiority and worthlessness or, on the contrary, feelings of superiority, euphoria, exultation and omnipotent thinking); 3) panic attacks and somatised anxiety (fear of dying or going mad, somatic projections of anguish, chest pains, arrhythmia and visual disorders).

A depathologisation of Stendhal’s experience, however, offers alternative contextualised within literary-aesthetics and the ritual dramas of the cult of romanticism. Interestingly Magherini defines herself, a ‘passionate reader (since childhood) of Stendhal’ seeing him as a ‘tourist with a modern soul, a sentimental traveller’ and crucially as someone who, ‘profoundly changed both the way we travel and travel writing’. Critics similarly iterate Stendhal’s pioneering role in popularising the English word ‘tourist’ in French and for describing ‘an experience that brought the literary swoon into tourism’.

Recast as an aesthetic experience Stendhal’s ‘swoon’ emerges as a powerful dramatic performance. Setting off for Florence in January 1817 in a heightened emotional state of anticipation, ‘armed with two guidebooks purchased from a bookseller’, Stendhal, ‘writes of his heart beating faster as he came down the Apennine passes on his way to Florence and waited for the shape of the city with all its buildings and monuments, its past and culture, to be outlined against the horizon. On arriving at the gate of San Gallo, he was so full of emotion “that I would happily have embraced the first inhabitant of Florence I met”.

His travel-writing relives the key episode - his ‘swoon/ near faint’ at Santa Croce:

‘I was already in a sort of ecstasy, by the idea of being in Florence, and the proximity of the great men whose tombs I had just seen. Absorbed in contemplating sublime beauty, I saw it close-up — I touched it, so to speak. I had reached that point of emotion where the heavenly sensations of the fine arts meet passionate feeling. As I emerged from Santa Croce, I had palpitations (what they call an attack of the nerves in Berlin); the life went out of me, and I walked in fear of falling.’

Interestingly Stendhal stages his encounter with great precision and creates a ritualised space for his romantic-spiritual communion at Santa Croce. On entering the Basilica, he finds a ‘monk to let him into the chapel where he could sit on a genuflecting stool, tilt his head back and take in the prospect of Volterrano’s fresco of the Sibyls without interruption’.

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14 Ibid. Interestingly, Robinson (2016:27) links Stendhal’s ‘swoon’ to his on-going ill-health.  
15 Montanari 2013.  
16 Bamforth 2010.  
17 Ibid.  
18 Ibid.  
19 Ibid.
extension the ‘strange’ ‘dysfunctional’ behaviours of contemporary tourists – can alternatively be understood, as ritual attempts to get close to, fuse with and commune with the efficacies of heritage. This time Florence is reified as a potent loci or portal by which to emotionally experience as active life-forces the creative-works and deified ancestors-figures of renaissance heritage. In this sense, the behaviours are a call to be possessed by the immediacy of heritage as a redemptive/redeeming lifeforce.

Oft-regarded as a counter-Enlightenment, the romantic movement is typically characterised as a rejection of classicism, scientific rationalisation, an escape from modernity’s industrial urbanisation and an embrace of heightened emotion, imagination, a vaunting of the past and nature. As such, new behaviours, ritual genres and beliefs emerge underpinned by Romanticisms’ quests for authentic, unmediated emotion, feeling and experience. Novel and transformed qualities – such as wonder, awe and the sublime – acting as conduits. Crucially as intense episodes romantic encounters embrace horror, threat, terror as extreme emotional/psychic states are essentialised within questing. In the former emotions, we find a link to what is alternatively understood within medical-pathologisation as symptoms/experiences of illbeing, dysfunction and break-down. Somewhat paradoxically these are alternatively sought as sources of transcendence, of delight and as pathways to mental/physical wellbeing and the acquisition of moral value.

Indeed, the desire to break-down and escape the ‘burden of the self’ is oft-ritualised as a necessary/unavoidable and/or desired and liberating outcome of romantic ritual efficacy. Rilke famously arguing, ‘beauty is nothing but the beginning of terror, which we are still just able to endure, and we are so awed because it serenely disdains to annihilate us.’ And Kant, that the contemplation of aesthetic objects induces, ‘a rapidly alternating repulsion and attraction produced by one and the same object. The point of excess for the imagination ... is like an abyss in which it fears to lose itself.’ Indeed, involuntary emotional projection - *Einfühlung*/‘empathy’ in which persons ‘fall into’ and fuse with salient art works and/or sublime nature etc... are centred within wider romantic cultic rites. Indeed, Stendhal’s himself declared: ‘when a thought takes too strong a hold of me...I fall down.’

Dubbed Stendhal’s ‘cult of spontaneity’ a further key paradox emerges: acknowledging the constructed nature (cultivation as conscious will) of romanticism that in an apparent contradiction emerges as the key to facilitating/enabling the desire to experience unmediated emotion (involuntary/unwilled/impulsive). Whether considered artifice and/or ritualization of efficacy the effect is to collapse dual possessional acts. Frameworks for similar behaviours include Rousseau’s

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20 Hamilton 2016.
21 Bamforth 2010.
novel *La Nouvelle Héloïse* (1761) provoking readers to ‘swoon’ at the ‘true voice of feeling’ and Sterne’s writing cultivating a fashion the *Sentimental Journey* (1768) while Goethe’s *The Sorrows of Young Werther* (1774) inspires cultic pilgrimages to Weimar, described as ‘a must for anybody with cultural pretensions’.

An understanding of the quasi-religious aspect of romanticism: the desire to replicate spontaneity in a ‘spiritual way’, as ‘spiritual communion’ and thereby experience the ‘immediacy and force of religious-like intervention’ offers further context. As does the still popular belief that certain objects/places/phenomena, ‘both confirm and transcend our own humanity’. Similarly, with more global relevancies, connections are made between such ‘peak-experiences’ and traditional practices of ‘spirit possession and vision quest’.

Thus, in returning to our dilemma of curing or cultivating ‘Stendhal’s swoon’ questions emerge concerning categorical statements on normalcy/madness, cultivation/cultic behaviours, function/dysfunction, inner/outer-lives and real/ideal etc… Crucially the guide-book/travel-writing is again implicated in these dramas for creating, reproducing, and transforming behaviours. Ironically too, our travelling companion Stendhal is one of many adopted personas/nom de plumes of writer Marie-Henri Beyle. Moreover, a splitting occurs as Beyle’s ‘original diaries’, as opposed to his ‘travelogue’, reveal in less poetic episodes of Florentine travels by more prosaically focusing on the fact his new shoes hurt him and on getting the first coach out of the city! Again paradoxically, while having created a ‘quasi-mythical cult’ in Florence, and likewise idealised the journey to Rome as movement toward the ultimate ‘love object’, Beyle’s career and constant reinvention leads him on an alternative pathway toward ‘realism’.

**Judgements on Jerusalem – Promised Land or Pathogen?**

‘How strange this tragically mad land … [ It ] has never produced anything but religions, sacred frenzies, presumptuous attempts to overcome the outer world of appearances by means of the inner world of wishful thinking. … And we hail from there!’ (Freud, 1932)

Our final stop before Rome takes our quest, or perhaps better still, our pilgrimage, to Jerusalem. A location Freud ‘fears to tread’ and remains firmly outside his therapeutic travel zone. His judgement

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22 Ibid.
23 Robinson 2016.
24 Whittaker 2016.
26 Mucignat 2016.
on Jerusalem is significant however in understanding its particular efficacies and syndrome status. Thus, as the greatest expression of extreme behaviours JS similarly prompts extreme recastings of ‘topi, topography and travellers’. The JS is located at the ‘cross-roads’ or ‘splitting’ between secularism/religion, pathologisation/divine communion. Jerusalem’s accolades as salient loci include it deifications as axis mundi, hierophany and numinous. Situated within a zone of the miraculous Jerusalem is itself a ‘cross-roads’ - or limen - between the earthly/heavenly, the immanent/transcendent and ultimately a portal to the divine. JS thus has obvious implications for other sacred-religious-pilgrim sites: whether Mecca or Santiago de Compostela, or our own final destination of Rome, as caput mundi/Eternal City. Further collapsing real/ideal binaries such extreme mythic-sacred-archetypal status secures greater reification as a ‘zone of absolute reality’ with Jerusalem thus effectively positioned as more ‘real than real.’

These accolades have however, been demonised within JS judgements that categorise Jerusalem as ‘pathogenic factor’. Iterating Freud’s damning comments Jerusalem is judged as dangerously ‘unreasoned’ and ‘unrepressed’ and place of spiritual excess and/or overdetermined emotion: a contamination to be avoided. Within our dual possessional acts this is a place that possesses persons – particularly in its variously liberating/burdensome religious-cultic and increasingly politicised personas as – Holy Land, Promised Land, Zion, Al-Quds et al. Here too any interventions vis-à-vis guidebook/travel-writing are bound up in diverse reiterations, challenges to, transformation of and/or otherwise engagements with iconic sacred-religious ‘texts/script’s that underpin visions, ritual behaviours and experiences of place.

Jerusalem’s ‘syndrome’ status like S/FS was secured in 1980s: initially categorised as hysteria - a ‘Jerusalem Fever’ - JS took on its own millenarianism when presented by psychiatrists in the British Journal of Psychiatry as a new pathology, that, on the increase, was feared could reach epidemic proportions as expectations grew that huge numbers of visitors would flock to Jerusalem in 2000 to welcome in the new millennium. It is the clinical case-studies of ‘pure’ JS that has raised most controversy: travellers who without any previous mental health concerns nevertheless exhibit behaviour symptomatic of ‘seven clinical stages’.

27 Eliade 1971.
28 Montanari 2013.
29 Eliade 1971
30 Van Der Haven 2008: 115
31 Elon 1989: 147
32 Bar-El et al 2000
‘Anxiety/agitation’ ... 2. Declaration of the desire to split from the group/family and ‘to tour Jerusalem alone’ ... 3. Obsession with the ‘need to be clean and pure’. 4. Preparation of a ‘white...toga-like gown...often with the aid of hotel bed-linen’. 5. The ‘need to scream, shout, or sing out loud psalms, verses from the Bible, religious hymns or spirituals’. 6. A ‘procession or march to one of Jerusalem’s holy places’. 7. Delivery of a ‘sermon’ in a holy place ‘usually very confused and based on an unrealistic plea to humankind to adopt a more wholesome, moral, simple way of life’.

For some JS ‘sufferers’, admission for retreatment at a psychiatric clinic is recommended wherein following ‘recovery’ many express feelings of ‘embarrassment’ and/or ‘disbelief’ at their behaviour. However, like S/FS it is only removal from Jerusalem that, it is argued, complete health can be restored/secured. For others, JS has led to extremes acts of destruction even death (for example, arson attacks on the Al-Aqsa Mosque) acted out to bring about a transformed world. Here the paradox between traditional pilgrim rituals that situate Jerusalem as the ‘cure/solution’ to the redemption of self and world, clash with new psychiatric classifications of Jerusalem as a ‘pathogen’.

JS does, however, in turn expose anxieties about how scientific-secular discourse can possess ‘Jerusalem’ as located for many beneath the sign of religion. JS therefore remains somewhat of a paradox with commentators arguing that sufferers are ‘overwhelmed’ by their arrival in the city, yet that ultimately an experience of ‘disappointment’ triggers mental breakdown. Moreover, it is reasoned that the scale of this gap/discrepancy/dissonance in turn defines not only the dramatic scale of ritual response but the scale of ‘depersonalisation’ and of the subsequent turn to adopt a sacred/symbolic/archetypal/significant persona. Similarly, depicted by Freud as an ‘historically burdened place’, by never visiting he thus acknowledges Jerusalem’s efficacies seeing these however as a portal to ‘madness.’ It is worth remembering that Freud considered all religion to be psychosis. Jerusalem thus represents the antithesis of Freud’s mission to situate psychoanalysis within wider moral framings of Enlightenment projects to civilize/secularise and control such desires.

Alternative readings, see JS critics recasts such pathology as an expression of cultural/religious/sacred/magical/esoteric/existential questing that breakdowns and/or collapses the monolith of secularity. Obvious intimacies emerge and converge in the absorption/appropriation/transformation of religious ritualised behaviours and site-sacralisation

33 Ibid.
34 Van Der Haven 2008: 115
35 Ibid.
active within romanticisms’ cultic-dramas. Thus ‘extreme’/‘strange’ and ‘normative’/‘efficacious’
behaviours within secular tourism and religious pilgrimage become blurred. A critical understanding
of JS thus exposes a diversity of and mutually constituted experiential and existential desires that run
the gamut of being conceived of as self-motivated acts of exploration, adventure, escape, curiosity,
altruism, questing, pilgrimage and journeying to more externally conceived acts of engagement as
‘othering’: as revelation, epiphany, ecstasy, communion, communitas and conversion.

Jerusalem as a site of redemptive cure (a ‘therapeutic zone’) and as a potentially thoughtful ethical
domain in which fulfilment of self(selves)/world(s)/othering(s) is realised in a call for Jerusalem to
possess you also marks a transition from individual forms of encounter to a collective, public, form of
‘communitas.’ Van Der Haven, a religious historian argues that the differences stake in JS are
ultimately those between the ‘expectations of the visitors’ and ‘those of the people who analyse
them’36. A depathologised perspective, recontextualisation within a ‘spiritual-cultural-esoteric’ lens
allows us to subvert the thesis further vis-à-vis alternative convergences with and understandings of
mental health: ‘JS should be recognised as a site in which psychiatric hospitalisation of mentally ill
persons is less likely to occur than in other situations.’ Van Der Haven’s own fieldwork demonstrates
that JS occupies an established ‘social position’ that situated within the historical genre of the ‘Holy
fool speaks’ in which ‘stigmatisation by the social body is a badge of honour’ and part of the fulfilment
of the role of ‘religious deviant’ patterns of behavior37.

Jerusalem’s efficacies are thus variously communed with as coping strategy, a call to transform, and a
vehicle for achieving a ‘just’ future. In contrast to those JS sufferers left feeling humiliated and
confused about their ordeal, Van Der Haven cites JS informants who experienced pleasure in terms of
‘try[ing] a different lifestyle’, gaining ‘privileged insight into invisible worlds’, and exploring their
‘mystical-religious nature’ in a tolerant, hospitable context. e concludes that the ‘foreigners’ acts of
displacing themselves and subsequently re-placing themselves in Jerusalem are testaments to the
existence of ‘sites’ in which ‘expressions of mental illness can become meaningful’38.

This alternative re-framing of wellbeing implicates museal and heritage spaces in new formations that
blur any sacred-secular distinctions. Ultimately, too, the nature of suffering is problematized for those
that see themselves as ‘prophetic critics or messianic savers’; for here the motif of
pleasure/unpleasure is secondary to the promise of the meaningful fulfilment of the quest. Indeed,
suffering is taken on as part of bigger visions of redemptive-cure: ‘Even in the act of salvation, the

36 Ibid. 112.
37 Ibid. 118-119.
38 Ibid.
return of Jesus to Jerusalem is catastrophic’. A sense of religious mission, visions to transform the world, hallucinations and divine calls are all part of this repertoire. So too, at the very extreme, are calls to ‘abolish all religion’ and/or to destroy/‘cleanse’ shrines that are believed to be false.39

To understand rituals, for example, of praying, preaching, cleansing etc... purely as symptoms of potential pathological illness and/or simply idealising them as religious-spiritual belief brings obvious risks. In some cases, this distinction is crucial in terms of determining whether someone is committed to a psychiatric clinic and/or in viewing JS as a transformative experience and a means of effectively communing with that which is efficacious. The potential double-framings of JS as illness and cure, as fever/antidote and normalcy/pathology are mediated in ritual behaviours as lived experience that ultimately give rise to many different ‘Jerusalems’, personas, behaviours that require diverse modes of interpretation, understanding and response plus recognition that some experiences prove extreme/unique enough to defy categorisation(description/verbalisation and thus can only be ‘grasped at’.

Rome as Rebus – Place Taboo and Heritage Lives/Afterlives

'I am actually not at all a man of science, not an observer, not an experimenter, not a thinker. I am by temperament nothing but a conquistador—an adventurer, if you want it translated—with all the curiosity, daring, and tenacity characteristic of a man of this sort' (Freud, 1910).

Approaching ever closer to the question - is there a Rome Syndrome? – and equipped with insights and observations garnered from our previous destinations – we catch up with Freud and his complex attempts to possess the iconic city. Of relevancy to our HS paradigm is that Rome provokes the extremes of Freud’s own possessional acts as expressed in numerous and increasingly elaborate ritual behaviours deployed to negotiate and finally conquer Rome. Freud’s literal/figurative travel as dream-work, abortive journeys, and detours, can be recast as strategic ritual behaviour in which Freud transforms from rational man of science and through emulation takes on further personas. At stake is the articulation of various of ‘Romes’ that simultaneously afflict and inspire Freud as phantasy/phobia, yearning/torment. Multiple ‘Freuds’ similarly emerge to see him break with and split from and/or collapse his identity as father of psychoanalysis and see him as dreamer, traveller and ultimately ‘conquistador’.

Given that Freud made twenty-four visits to Italy (he toured Venice, Pisa, Siena, Florence) and made seven visits to Rome (the first in Summer 1901 and last in 1923) these numerous journeys suggest he...
ultimately found pleasure and enjoyment in such visits despite, or perhaps because, his journey/pathway to Rome was less straightforward\(^{40}\). Located at the cross-roads of the ‘real/ideal’ ‘Freud’s’ ‘Rome’s’ can be viewed as alternative mappings of ‘topi, topology and travellers’ and similarly offer radical recastings of travel-writing/guidebook genres. Crucially convergences emerge between Freud’s preoccupation with Rome and core psychoanalytic texts. For Freud Rome is ultimately a ‘rebus’ or ‘puzzle’ - the site of on-going ‘active’ efficacies and possessional forces - to be worked-out and worked-through. The city is crucial not only to Freud’s psychoanalytic questing, his self-analysis, but as we shall see, to securing his own legacy and iconic status.

First to the ‘will to possess’ Rome synonymous with Freud as dreamer. Freud famously has four ‘Rome dreams’, alternatively couched as a ‘single meta-dream’ with ‘interlinked themes’. These crucially form the core of Freud’s ground-breaking text *Interpretation of Dreams, [IntD]* (1900). The first sees Freud the dreamer ‘look out of a railway carriage window at the Tiber and the Ponte Sant Angelo’. As the train pulls away, he realizes that he hasn’t set foot in the city’. The second ‘sees the dreamer being shown a view from a hill of “Rome half-shrouded in mist’ yet ‘so far away’ that Freud ‘was surprised at my view of it being so clear’. As Freud himself states the ‘theme of the ‘promised land seen from afar’ was obvious.”\(^{41}\)

Paradoxically, while we have seen Freud reject ‘literal Jerusalem,’ this ‘condensation of Jerusalem with Rome’ sees the ‘desire for the promised land... assert itself figuratively into the Rome dreams’. Freud thus identifies with Moses: destined to see but not enter the Promised Land. The third and fourth dreams see Freud the dreamer in Rome yet experiencing feelings of ‘disappointment’ and anxiety at the potential comfort/discomfort awaiting him there. Freud’s oft-repressed Jewish identity/persona manifests here in the ‘idea of being a dislocated Jew’ in a potentially ‘hostile Christian milieu’\(^{42}\). It also prompts Freud to recall ‘a painful childhood incident: watching his father humiliated by a Christian and resolving as a little boy to surpass his father’s courage in standing up to these insults’. As Freud explains: ‘Ever since that time Hannibal had had a place in my fantasies’. An iconic persona idealised further by Freud as Semitic ancestor and conquistador of Rome. Thus, for Freud “Hannibal and Rome symbolized the conflict between the tenacity of Jewry’ and, more specifically, the ‘organization of the Catholic Church.” In contrast to Freud’s father, Hannibal’s father, ‘made his boy swear ...to take vengeance’ on his enemies. Taking up this ritual drama, the dominant topography Freud battles with is that of Catholic Rome as anti-Semitic force\(^{43}\).

\(^{40}\) Kivland 2006.
\(^{41}\) In Koelbl 2016.
\(^{42}\) Ibid.
\(^{43}\) Ibid.
Rome as phobia/fantasy also emerges as the reason for Freud’s writer’s block. Freud thus confessing, ‘I lack the incentive to finish it [IntD] for publication’, that alongside his ‘clinical work’, his only desire is ‘studying the topography of Rome, the yearning for which becomes ever more tormenting’. Crucially Freud’s eventual completion and publication is argued to ‘permit Freud to begin negotiating entry into Rome’ vis-à-vis his literal travel and thereby engage with diverse topographies.

Here the persona of Hannibal re-emerges. Famously when travelling to Naples Freud bypasses Rome and at one point reaches Lake Trasimeno, just 50 miles from Rome, only to turn back. Freud remarks, "I had actually been following in Hannibal’s footsteps," and, "Like him, I had been fated not to see Rome". Interestingly Freud’s abortive visit has been read as an empowering act of emulation. Indeed, Koelb argues its ritual value was to, ‘deepen and fulfil...identification,’ adding, ‘Freud could appreciate Hannibal’s victory but was also obliged, for a time at least, to replicate and share the general’s failure to breach and conquer Rome’. The episode thus pre-empts the literal journey thus ultimately creating an ‘image of Freud’s entry into Rome as a military-style “conquest,” a triumphant "conquering" not only of his own neuroses, but of the Eternal City itself’.

Despite or perhaps again because of Freud’s Rome phobia/fantasy the highly anticipated first visit in 1901 while a wish-fulfilled and described by Freud as "a high-spot in my life...” it simultaneously proved "slightly disappointing, as all such fulfilments are when one has waited for them too long". Unlike Freud’s visit to the Acropolis or Stendhal’s to Santa Croce there are no ostensible signs of ‘disturbances’ or ‘swooning’. In fact, proving that ‘sometimes a tourist is just a tourist’ Freud armed with tourist guides adopts the persona/ritual ‘play’ common to Rome’s tourists: at times, he bemoaning the exceptions of others to perform as Freud-the-intellectual. Perhaps a repetition here of ‘Stendhal’/Beyle’ double-personas can be found in Freud-the-iconic-analyst/Freud-the-escapist-tourist.

Critics have attempted to isolate Freud’s feelings towards various of Rome’s own personas/topographies. Freud is thus quoted as regarding late 19th century "Italian" Rome as "hopeful and likable", the “ancient city” Temple of Minerva, “humble and mutilated” and Medieval Rome, reminder of "my own misery" (a Jew victimized by Christians’). Restating, "I found almost intolerable ... the lie of the salvation of mankind which rears its head so proudly to heaven." Fantasies of revenge do surface in the subversion of tourist ritual behaviours: the writing of postcards, for example, sees Freud ‘act back’ on Rome. Sending a postcard of the Arch of Titus commemorating the A.D. 70 Siege

44 Ibid.
45 Ibid,
46 Ibid.
47 Kivland 2006.
of Jerusalem to Karl Abraham, ‘Freud inscribed a witty rejoinder to the superstition that walking under
the arch is bad luck for Jews: “The Jew survives it!” Condensation of Jerusalem, and JS behaviours,
with Rome, and our speculative Rome Syndrome comes the fore with Freud’s imaginatively enacting
iconoclasm: Freud expressed how he ‘longed to destroy [the palindrome ROMA/AMOR...] as
passionately as Hannibal”48.

Moreover, Freud almost Stendhal-like ritual behaviours define he encounters with Michelangelo’s
Moses. As a compulsive ‘lonely’ study of multiple, prolonged pilgrimages undertaken in 1912 Freud
remarks, "no piece of statuary has ever made a stronger impression on me’ and that this Moses ‘[H]as
brought me to recognize the apparently paradoxical fact that precisely some of the grandest and most
overwhelming creations of art are still unsolved riddles to our understanding. We admire them, we
feel overawed by them, but we are unable to say what they represent to us.”49 As with all such
rebus’/puzzles within the Freudian canon – dreams/disturbances/mythology et al – at stake is the
ability to repeatedly return to these phenomena/entities to potentially grasp new ‘truth-value/insight’
while never exhausting its overall secrets. One particular predominant reading collapses Freud’s and
Moses’ struggle to possess control over the future of their legacies.

Koelb’s provocative thesis argues an even more extreme recasting of Freud’s intense Rome rituals.
Drawing on Freud’s private correspondence rather than published psychoanalytic texts, he divulges
to Fliess in 1901 that ‘he “could have worshipped the abased and mutilated remnant of the Temple of
Minerva near the forum of Nerva,”’ and not that he “bribed the Trevi [fountain], as everyone does”
but performed a new lustral rite of his own: “I invented this myself—[I] dipped my hand into the Bocca
della Verità [“Mouth of Truth’] at Santa Maria Cosmedin and vowed to return.” Freud’s alternative,
amimistic engagement with Rome’s iconic heritage is – again with obvious relevancy to HS’ – regarded
by Koelb as part of Freud’s wider ‘therapeutic rituals of writing and curating.”50

Understanding such ritual behaviours require contextualising, first, in Freud’s personas as
‘archaeologist of the mind’ and as ‘curator of afterlife of antiquity’. Moving away from IntD as
underpinning text/guidebook we need to centre that of Civilizations and Its Discontents (CivDis) (1930)
Freud’s famous adoption of archaeological metaphor as psychoanalytical ‘master trope’ appears in
this text as fused with the metaphor of Rome and the city’s complex topographies as model of the
mind. Writ wider still, Freudian heritage management and curatorship, sees the ‘archaeology of the
unconscious’ similarly bound up in a therapeutic ‘process of discovery in which the obscured past is

48 Koelb 2016.
49 In Lippman 2006.
50 Koelb 2016.
revealed and integrated into the self-present ego’. Koelb reiterates the Freud-Rome-archaeological nexus, ‘The lost past is necessarily made present because the ruins make the present comprehensible: “For Freud that which came before, whether in the life of a civilization or in the life of the mind, has a peculiar and unparalleled capacity to organize our perception of that which is””51.

Regarded by him as ‘the supreme combination of art and science’ archaeology ‘exerted a special fascination upon [Freud...] throughout his career.”52 In the person of Schliemann and discovery of Troy, Freud and his contemporaries had seen iconic topographies excavated to reveal as material record that which had ‘hitherto been deemed a fable”53. The uncanny, magical qualities at play attracting those seeking various forms of treasure: for Freud, ‘the notion of the psyche as an archaeological site resonated ... powerfully’. Just as Stendhal and the cult of romanticism sought the holy grail of unmediated communion with efficacy, Koelb highlights how, ‘Both archaeology and depth psychology (in all its variations) are a quest for anterior states that ideally, in Freud’s view, require no interpretation’. For Freud “The discoveries are self-explanatory... Saxa loquentur!” [the stones speak!]54.

However, as in archaeological-heritage discourse, Freud acknowledges that sometimes ‘interpretive restoration’ was required. Koelb reiterates, ‘Freud’s project was also to establish a rational discipline; it was the contents of the unconscious that were in need of rigorous curatorial assistance and rational interpretation for what he hoped would be an appreciative general public’. Freud asserts ‘the psychic reality of myth’ arguing that by ‘penetrating into the blocked subterranean passages of our own psyches we grasp the living meaning of classical civilization, and at the same time establish a firm foothold outside our own culture from which alone it is possible to gain an objective understanding of its foundations”55.

It is here that Freud’s personal mythology of ‘Rome-as-psychoanalytic-project’ can be excavated further and requires us to swap the CivDis text and take up the critical lens and logics of Totem and Taboo [77] (1913). Koelb argues Freud uses this particular text to ‘master’ what she recasts powerfully as his ‘Rome taboo’ and sees this as a defining part of Freud’s wider project: ‘mastering the entire reliquary of a distant past that remained, at least in part, uncannily alive’; adding that for Freud, ‘Rome’s dire portal opened onto the still-living agency of the sedimented human mind, caput orbis

51 Bowie in ibid.
53 Masson in ibid.
54 Freud in ibid.
55 op.cit.
terrarum, head of the world. The “afterlife of antiquity” was more than a figure of speech. It was felt experience’. She thus regards, ‘Freud’s book like a Freudian Rome with ancient mana-laden relics’ with its theme, ‘the continuity of the ancient and modern psyche’

Koelb’s thesis demonstrates how Freud’s ‘understanding of the psychodynamics of mana and taboo as developed in Totem and Taboo’ followed those of Sir James Frazer, as ‘Polynesian words that name concepts widespread in modern Africa, America, and Asia, as well as among the ancient Greeks, Romans, and Hebrews’

Again, with implications for our own formulation of ‘Rome Syndrome’ Freud joins Frazer in exploring the, ‘social institutions of taboo’ and the intimacies with ‘managing mana’ by thus recognising ‘the inherent power of people, places, and objects’. Calling up our concern with ‘rebus’, Freud argues the urgent need to ‘concern ourselves’ with ‘this riddle of taboo’, not only, ‘because it is worth while trying to solve any psychological problem’ but because “it may begin to dawn on us that the taboos of the savage Polynesians are after all not so remote from us as we were inclined to think”

Relating this to back to Freud and Rome, Koelb connects Freud’s entry into Rome and identification with Hannibal as a ‘matter of power relations for Freud’, arguing, ‘Rome’s Christianity and, by implication, its anti-Semitism contributed the extra charge of dangerously infectious mana, above and beyond, the considerable mana of the classical and prehistoric past’. In ‘managing’ the mana within civilization and/as Rome leads Freud to ‘focus on taboos and ceremonials attached to warfare’ and the transformation of ‘slain enemies’ into “guardians, friends, and benefactors” through a ritual process of ‘appeasement’ that can only be achieved by performing, ‘ceremonies of expiation and purification. Koelb’s thesis sees, ‘Freud’s Rome dreams and letters [as...] replete with the language and imagery of restriction, sacrifice, and lustration’ and underpinned by a journey/topography that followed, ‘an ancient psychological pattern that [Freud...] himself theorized as a universal feature of the human psyche’

Koelb further connects this ritual drama to Freud’s iconic collection of antique gods and goddesses situated on his desk. Recast as a materialised means of ‘refashion[ing]... his ancient mana’ as ‘guardian spirit[s]’ and thereby bringing ‘ancient personae under his control through ritual behaviour reminiscent of how warriors appease and befriend their dead enemies’. What Koelb ultimately sees

56 Ibid.
57 Ibid.
58 Freud in ibid.
59 Ibid.
Freud’s ‘miniature pantheon’ as a ‘miniature museum of silent, ritually sequestered figures’ are transformed into “tiny friends”\textsuperscript{60} and we can add his ‘ancestors of choice’\textsuperscript{61}.

Conclusions

‘Rome, a city at the forefront of the European refugee crisis—yet fuelled by a strong, singular cultural identity—is at a crossroads’\textsuperscript{62}.

‘After traumatic journeys to Europe, refugees find that Italy can’t provide the kind of safe haven they hoped it would’. The Walking Dead of Rome\textsuperscript{63}.

‘Refugees Give the Eternal City New Life’\textsuperscript{64}

The Pulitzer Centre on Crisis Reporting recently articulated to a new ‘cross-roads’ facing Rome: the contemporary refugee crisis. Seemingly unconnected to our speculative quest for ‘Rome Syndrome’ important convergences emerge. Alongside the journeyings of pilgrim-travellers-tourists has always been the movement of exiles, refugees and immigrants. Similarly, alongside our Significant/Well Known Place Syndromes can be placed Refugee Syndromes: that in an inversion of dominant ritual traveller-tourist-pilgrim progression towards desired, efficacious loci, antithetically see persons displaced and disemmbled from such contexts and pitched towards the unknown. Global heritage – like Rome itself - is constituted and continuously reconstituted by such phenomena. Indeed, Freud’s journey of life sees him in his final years similarly uprooted and transformed into one persona he did not wish for: that of an exile seeking refuge outside his homeland. Touchingly he takes his ‘tiny friends’, his ancient gods and goddesses, with him to his new home in London, now itself a museum-pilgrimage centre for many Freud devotees.

Interestingly the Pulitzer Centre reports describe how various museums, heritage spaces and religious sites (including churches and mosques) and medical institutions (including psychiatric facilities) within Rome, many in joint projects, have responded to the contemporary ‘crisis’ by extending their hospitality. Here, the genre of reportage itself collapses with the increasingly porous categories of guide-books/travel-writing/blogging/vlogging \textit{et al}... to define novel convergences of old/new salient technologies. In contemporary times, a fitting, perhaps strategically ‘idealised’ or ‘wished-for’ vision

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\textsuperscript{60} Ibid.
\textsuperscript{61} In Butler and Rowlands 2006.
\textsuperscript{62} Ulrich a 2016.
\textsuperscript{63} Ulrich b 2016.
\textsuperscript{64} Ulrich c 2016.
and version of Rome Syndrome, like that of wider HS’, would be as a resonant portal by which old/new constituencies can (re)discover, activate and/or commune with those entities, topographies and topoi, capable of ‘bridging’ and ‘negotiating’ the ‘realpolitik(s)’ in diverse transformations, ritual behaviours, possessional acts, and personas as old/new facts-on-the-ground. A place of empowerment/refuge by which old/new racisms/prejudices/conflicts can be justly conquered.

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