Camille Claudel: trajectory of a psychosis

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ABSTRACT

The French sculptor Camille Claudel at about the age of 40 developed a psychotic illness that proved to be chronic. Delusions of persecution, focused on her former mentor and lover Auguste Rodin, gradually became systematised until they dominated her life completely. She abandoned artistic work, withdrew into social isolation and lived alone in conditions of squalor and severe self-neglect until eventually, after her father's death, she was committed to an asylum and spent the remainder of her life in institutional confinement. Only within the past 20 years has her achievement been recognised and her fate drawn wide sympathy. Previous psychiatric studies have dismissed or downplayed the significance of Camille's adverse life experiences for her case history. The present reassessment, drawing on modern interactionist models of the genesis and course of psychosis, sets out to place both her creative drive and her mental instability within a broader life-course perspective and to arrive at a more balanced judgement of the case.

> Irene: "But now I am beginning, in a way, to rise from the dead." (Henrik Ibsen, *When we dead awaken*, 1899)

For four decades after her wartime death, the French sculptor Camille Claudel (1864–1943) remained forgotten except by a handful of compatriots. Then in the early 1980s a fictional account of her life[1] aroused widespread interest. Here were all the ingredients for a tragic legend: a woman touched by artistic genius; her struggle to win acceptance in an almost exclusively male domain; her ill-fated love for the great Auguste Rodin (1840–1917); her descent into squalor and mental illness; rejection by her own family, and finally a 30-year living death on mental hospital back wards. This disastrous decline, moreover, gained added poignancy by contrast with the simultaneous rise of her beloved brother Paul, diplomat, poet and playwright, who in the course of a brilliant career served as his country's ambassador to the USA and Japan and was elected to the Académie Française.

Over the next few years a clutch of biographies[2–5] and magazine articles appeared; Camille's relationship with Rodin was recognised as the basis for Ibsen's final drama; major exhibitions of her work were acclaimed in Paris, Berne, Tokyo and Washington; a Camille Claudel Association was formed; lycées in France, gymnasia in Germany and even a psychiatric hospital adopted her name, and a commercially successful film was based on her life.

Psychiatrists, in sharp contrast, have shown little interest in her case. The few to write about it have adopted a narrowly biomedical standpoint, insisting that the events of Camille's life, before her breakdown, were immaterial except as early expressions of her illness. Thus Oules,[6] having in an informative review diagnosed Camille's disorder as schizophrenic, commented that "... her love for Rodin had nothing to do whatsoever with her illness; such a feeling was just a symptom of her disease", and more recently two Dutch authors[7] have also dismissed the relevance of life events, because "... we believe that Claudel was more probably suffering from paranoid schizophrenia." Today, however, after publication of the hospital case-notes[8] and a clinical commentary based upon them,[9] together with a recent, well-researched biography,[10] it is possible to form a more balanced judgement and to view her affliction in a life-course perspective.

The inception of Camille's psychosis is impossible to date with precision, first because it came on gradually in the setting of an odd, unusual personality, and second because neither she nor her relatives sought medical help until the condition was at an advanced stage. Although her first contact with psychiatry did not come until she was removed to an asylum at the age of 48, the certificate signed by her local medical practitioner at that time stated "... that Mlle Claudel is suffering from serious mental disorder; that she wears pitiful clothing; that she is completely dirty, due to the fact that she never washes; that she has sold all her furniture except for one chair and one bed ... that she spends all her time completely shut up in her apartment, lacking air as the blinds are sealed shut; that for several months she has not been out during the daytime ... that according to letters she has recently written to her brother ... she is terrified of "the Rodin gang"; that I have observed during the past 7 or 8 years how she believes herself to be persecuted; that her condition, already dangerous to herself ... is also a hazard for her neighbours". Since there appear to be no medical records for the years in question, the early development of her disorder can be reconstructed only from accounts given by her biographers.

FAMILY BACKGROUND AND EARLY LIFE

Her father, Louis-Prosper Claudel (1826–1913) was appointed registrar of mortgages at Fère-en-Tardenois, Champagne, in 1860, and 2 years later married Louise Cerveaux (1840–1929), daughter of a bourgeois Catholic family. They had four children, of whom the first, a boy, died in infancy. Camille Rosalie was born in December 1864; Louise, her sister, in 1866; and Paul, the youngest, in 1868. The family settled in the neighbouring village of Villeneuve. The family psychiatric

history seems to give no indication of mental illness apart from the suicide of a maternal uncle, and no first-degree relative affected by psychosis.

Louis-Prosper was intelligent, imaginative and outwardly easy-going, but in his own home highly irascible. Educated by the Jesuits, in adult life he showed more interest in classical mythology than in religion. Though he was moderately successful in his profession and known as a thrifty man, somehow—perhaps because his offspring required so much support—the family property and capital slowly dwindled away. His wife, who had lost her own mother in early childhood, was severe and lacking in warmth. She fulfilled her duty in taking care of the children but showed no tenderness and almost never kissed them. The atmosphere at home was always tense, and, according to Paul, "everyone in the family quarrelled."

This unhappy ménage left its mark on all three children. Louise identified herself with her deeply conformist mother. Camille and Paul, both highly gifted, drew closer together, yet were affected in very different ways. Camille reacted with defiance, rejecting religion, insisting on her rights and emulating her father's rages when crossed. Paul, highly sensitive but without his sister's rebellious tendencies, was destined to undergo, at the age of 18, an experience that reconciled him for life to the Catholic church. During a service in Notre Dame he heard, as a voice from above, "There is a God!" and from then on claimed the Bible to be his inspiration and the centre of his world.

From an early age Camille was fascinated by shapes—a nearby rock formation caused by erosion, or the moulding of clay in a tile factory. Curiosity turned to play, and play, to the making of models, for which she insisted that family members and servants should pose, and as an adolescent she was already determined to make an artistic career. In this she was encouraged and guided by Alfred Boucher, a professional sculptor with local connections, who was impressed by her ability. Together with the children's private tutor, he managed to persuade the reluctant parents that a bright future awaited these two young people in Paris, and in 1881 the family moved to a rented apartment in Montparnasse, though Louis-Prosper had to remain behind.

PERSONAL AND PROFESSIONAL HISTORY

At 17, Camille shared an atelier on the rue Notre Dame des Champs with two young British women. By now she had completed her apprenticeship and was already an accomplished sculptor. When her mentor and patron, Boucher, went to work in Florence, he asked his colleague Auguste Rodin to keep an eye on the young ladies in his absence. It was at the atelier in 1882 that he and Camille first met, and by the following year they were in regular contact.

Rodin was then in his forties and already a successful artist. He had lived for many years with a former model, Rose Beuret, and their brain-damaged or autistic son, both of whom he kept in the background, well apart from his professional and social life. He at once recognised Camille's great talent and felt himself increasingly drawn to her. From being his pupil, she became his model, then his collaborator and inspiration, and finally his mistress, though she continued for some years to live in the parental home. Rodin, for his part, could not bring himself to leave Rose, the woman who had stood by him through years of struggle and hardship.

In 1887, Camille moved to an apartment on the boulevard d'Italie; soon afterwards Rodin rented a house nearby and from then on they were effectively cohabiting. By now their relationship had developed a symbiotic quality, each stimulating the other's creative achievements. He secured commissions for her, managed her earnings and paid her working expenses. Over the next few years they socialised and travelled together as a couple, and through him she came to know, among others, Mallarmé, Daudet, Mirbeau and Debussy. Although in artistic and literary circles their affair was an open secret, it had to be kept concealed from Rose, and above all must remain unknown to Camille's parents.

Camille had first exhibited at both the Salon des Artistes Français and the newly established Société Nationale des Beaux-Arts in 1883, and over the next two decades she maintained a steady output. In the earlier years, while she and Rodin were working closely together, her sculptures expressed confidence, fulfilment and empathy with their subjects. It was in these years that she produced *Sakuntala* (based on a Hindu myth) and *La Valse*, figures celebrating sexual love between man and woman. She was praised by the critics and her name appeared regularly in the press. Wider recognition might have followed, had she possessed the talent for self-promotion vital to success in the art world. Yet though despite her sex there were opportunities enough, something in her drew back. She was not socially radical, but the whole milieu of salon coteries and political patronage was alien to her and aroused too much anxiety. Receptions were missed, politicians not cultivated, commissions remained uncompleted.

Gradually the relationship came under more and more strain. It was rumoured that Camille had had a child, or perhaps two children, given in adoption, though this is not documented. It seems that in 1891 or 1892 she had an induced abortion, which resulted in ill health as well as emotional distress and guilt. This critical experience, though undocumented, is referred to explicitly by Paul Claudel in a letter dated 1939 (Ayral-Clause,[10] pp114–5). In 1892 she moved out of Rodin's house and set up her own studio. By now she had realised that he would not marry her and that she must strive to gain her independence. Their break-up, and her resulting loss of confidence, is reflected in work of the period: *The Age of Maturity*, an allegory of human ageing, also symbolises her loss of Rodin to his old mistress, while *The Gossips* seems to refer to the scandal and loss of status surrounding a fallen woman.

In 1893 Paul moved to a consular post in Boston, and Camille found herself quite alone. "Her feeling of solitude", wrote her friend Morhardt, "is such that she sometimes has the strange fear of having lost the use of speech." She began to talk to herself. The first signs of morbid suspiciousness emerged at the end of the year, as when in writing to Paul about her artistic concepts, she stressed that he should not show them to anyone. It was a regression to girlhood fears that someone would steal her ideas—but this time focused on her former lover.

For the next 10 years she struggled on, living in isolation. Despite critical praise for her work, sales were few and commissions fewer; time and again she had to apply to her father for money. A new and damaging conflict arose over her sculpture *The Age of Maturity*, the group she had laboured on for 3 years. Once Rodin had seen the completed work, he used his influence to stop it being exhibited or cast in bronze; but in doing so exacerbated Camille's ideas of persecution. In what was probably her last completed work, the *Niobide blesseé*, the female figure that represents herself has become a woman struck down by the vengeful gods and left alone to die. The final disappointment came in December 1905, when a retrospective exhibition of her work met with public indifference. It was

following this humiliation that her suspicions and her hostility to Rodin became frankly delusional.

GENERAL HEALTH AND PREMORBID PERSONALITY

About Camille's general medical history the biographers have little to say. As far as is known, her birth and early milestones were normal, and apart from a slight limp she enjoyed good health in childhood and early adult life. After the abortion in 1891 or 1892 she was by her own account ill for some time, but details are unknown. During the solitary years from 1893 onward she turned to wine for comfort, but there is no firm evidence of chronic alcoholism. In 1933, while a long-stay patient in a mental hospital, she underwent emergency surgery for a strangulated hernia and made an uneventful recovery.

Will-power and determination were the features that people recognised in the young Camille. Her brother, always ambivalent, construed these negatively, recalling in later years how she had shared her father's unsociable temperament and fits of rage: "the whole family", he wrote, "had to do what she wanted." That she took after her father is evidenced by her moodiness, and also in conflicting frugality and lack of money-sense, in her rejection of religious belief and in the constant references to classical mythology that imbued her work.

Later, her assertiveness and determination awakened more positive echoes. Defiance stands out from her biographies as a keynote in the major steps of her life: the choice of a career and entrance into a male-dominated profession, her insistence on sculpting the nude, her liaison with Rodin as well as her decision to leave him. Yet in social situations this inner-directedness was concealed by gaucheness and eccentric mannerisms, which, in combination with her unusual lifestyle, caused some people to write her off as crazy. There were, too, other character traits—anxiety, phobic avoidance and suspiciousness—that became increasingly dominant and in time opened the way to psychosis.

CLINICAL ONSET AND DEVELOPMENT OF PSYCHOSIS

In late 1905, at the age of 41, Camille accused Rodin of stealing from her a statue, which in fact he was trying to help her get accepted by a state museum. It was now that her suspicions about him became frankly delusional. At first the persecutory ideas were focused on the man himself, but over the next 2 years they became extended to others whom she believed to be members of his "gang". She alleged that two individuals, whom she recognised as models employed by Rodin, had tried to force open her shutters at night in order to kill her. Police who questioned her concluded that she was mentally disturbed and thought that she might be hallucinating.

Around this time she ceased to exhibit her work. Oppressed by professional failure and paranoid fears, she began systematically to destroy the clay models in her studio with a hammer, paying a waggoner to cart away the broken shards and bury them in the city's outlying fortifications. Later she alleged that someone had stolen the work from her. Long afterwards a neighbour's son recalled how his parents had forbidden him to visit Camille's apartment—"a forest of spiders' webs … in the midst of comings and goings of at least a dozen cats". When Paul, home on leave, paid her a visit, he found the apartment in a chaotic state, the disorder, dirt and stench indescribable. Camille herself had taken to wearing outlandish attire and headdresses of coloured ribbons and feathers. She lived in filth, scavenged for food in garbage containers, and for fear of her persecutors barricaded herself in the studio. A friend who persuaded her to open the door found her shaking with fear and holding a broom studded with nails.

Gradually the delusional system became more ramified. Following on the Dreyfus scandal, which in those years had convulsed France, her ideas of persecution were directed towards Jews, Protestants and Freemasons. She believed that her widowed sister Louise had poisoned her husband and was now trying to kill her, Camille, to get hold of the family money. To her brother Paul she wrote that an accomplice of Rodin had entered her studio using a passkey and stolen a picture, which the great man then copied and sold for 100 000 francs. A charwoman was accused of putting a drug in her coffee.

Reluctantly Paul began to think of having her committed to an asylum. The chief obstacle to this plan was Camille's elderly father, the one member of the family who had grasped that her mental condition was being exacerbated by isolation and loneliness. He wanted her to be brought back into the family orbit, but his wife would not hear of it. The old man could no longer impose his will, yet as long as he remained alive committal was not an option.

In 1913, Louis-Prosper died, and immediately after the funeral Mme Claudel, aided by Paul, applied for a "voluntary placement" under the 1838 law (voluntary, that is, for the family, not for the patient). Within days Camille was forcibly removed to the mental hospital at Ville-Evrard, where the admitting physician noted that "Camille Claudel suffers from systematised persecutory delusions [*délire*] … she believes she is the victim of criminal attacks by a celebrated sculptor (named by her), who has taken works she created and has tried to poison her, as he has done to many other people."

Allilaire[9] has conjectured that her delusional state at that time was caused or compounded by alcohol abuse and indeed bordered on delirium tremens. Here, however, he relied heavily on medical notes made immediately after her forcible removal to Ville-Evrard, when undoubtedly she was confused and bewildered. The clinical history as a whole provides little support for this hypothesis. The admission notes as well as subsequent hospital records over the years that followed contain no description or reference to hallucinations, apart from a single medical entry, early in 1914, when she alleged that a doctor at the hospital was one of a group of men who some years previously had followed her about and sat behind her in church making obscene remarks.

LONG-TERM COURSE AND OUTCOME

After Camille's admission to Ville-Evrard in 1913, the order was given to sequester her: she was to have no communication with the outside world, no correspondence, no visits, except by her mother or sister (neither of whom in fact ever came) or her brother, who came only rarely. The Claudels' insistence on this, because of their fear of scandal, chimed with medical opinion that segregation could be therapeutic in such cases. Camille could not understand why her letters were not answered, and appealed to her doctor: "I have been buried here for more than nine months in the most awful despair … I absolutely need to see a friend …" In fact the sequestration order was neither justified nor effective, since the press got hold of the story anyway.

In September 1914, because of the German advance, all patients in the Seine area were transferred to more distant institutions. Camille now found herself in the hospital of Montdevergues, near Avignon. Once the war front receded, patients from the north were returned—except Camille, who remained behind at the request of her family. Despite many

pleas to be allowed back, she spent the rest of her life in Montdevergues. "I do not wish to see her again," wrote Mme Claudel in 1915, "she has hurt us too much."

In France as in other West European countries, 19th-century industrial and urban growth had stimulated new legislation on mental illness, followed by a massive increase in asylum building and expansion aimed at the "regulation of madness".[11] Fin-de-siècle psychiatry, still lacking effective treatments or rehabilitation programmes, was largely constrained to a regimen of custodial care in asylums often distant from the communities they served. Wards became overcrowded as they silted up with unrecovered long-stay cases. Montdevergues, originally a model institution designed for 400 inmates, soon held twice that number and eventually would accommodate four to five times as many.

Such was the environment in which Camille now found herself. Custodial care, so far from being therapeutic, destroyed in her any remaining creative urge and intensified the despair that had provoked her illness. The medical notes continued to record "systematic persecution delirium". Between 1919 and 1920, however, her mental state seems to have improved; the medical notes recorded her calm disposition and a fading of her persecutory delusions. The doctor in charge suggested, first, release from the asylum on a trial basis, then transfer to a hospital nearer her family home—but Mme Claudel remained adamantly opposed. Losing all hope of discharge, Camille gradually lapsed back into chronic institutionalism.

Throughout the years, her letters to her family, as well as some she managed to smuggle out to other people, are stamped by lucidity on all topics outside her encapsulated delusional system. A reunion with an old English friend and colleague of apprentice days, Jessie Lipscomb, who came to visit her in 1924 and again in 1929, were deeply moving occasions for both women. Mme Claudel died in 1929, and with Rodin, her imaginary persecutor already long deceased, the chief obstacles to Camille's release, or even her transfer back to Ville-Evrard, might seem to have been removed. Yet although she remained calm and docile, neither brother nor sister was prepared to intervene. Since her fears of poisoning persisted and she could not be classed as cured, the doctors could not set her free without the family's agreement. To the end she remained keenly aware of the anguish of her situation. "I live in a world so curious, so strange," she wrote to a friend in 1934. "Of the dream that has been my life, this is the nightmare."

Her death was hastened by German occupation of the Zone Libre in 1942 and the consequent famine in French mental hospitals, since characterised as *l'extermination douce*.[12] People living in the wider community could find ways to supplement an official ration that provided only some 1200 calories daily—but not the asylum patients, among whom excess deaths due to hunger have been estimated at close to 50 000.[13] Camille became malnourished and oedematous; her physical condition deteriorated and she was considered "senile", though she recognised her brother Paul, who was sent for in September 1943. "My lunatics are dying literally of hunger," the asylum director told him, "800 gone already out of 2000!" Camille died a month later, aged 78. Her ashes were never returned to Villeneuve, having been mixed up with those of someone else.

DISCUSSION

The biographical accounts depict two closely interconnected syndromes. First, it seems clear that Camille had by the age of 41 developed a paranoid psychosis, expressed in persecutory delusions and fears of poisoning, that was to prove intractable. Second, at the same time or soon afterwards she began to manifest the combination of severe self-neglect, social withdrawal and abandonment of previous living standards, reported in Paul Claudel's correspondence and adumbrated in the committal order of 1913. The latter condition is strongly suggestive of what is now known as Diogenes (or refuse-hoarding) syndrome. The British geriatricians who first described this condition[14] thought that it was characterised by old age and physical ill health, but the associations in their case series may have been effects of selective referral. The syndrome, which is not restricted to old people, is combined in about half of cases with diagnosable mental illness and is now thought to result from social isolation acting on a vulnerable personality.[15] Camille's clinical case history, and the assessments of it since made by psychiatrists, together illustrate one of the longest-standing problems in psychiatric classification: as Kraepelin put it nearly a century ago, how wide the circle of paranoid cases must be drawn, which we are justified in regarding as expressions of schizophrenia.[16] Further experience and research have failed so far to resolve the conundrum. Thus in the current international system, ICD-10, the diagnosis of systematised persecutory delusions, which Camille carried to the end of her days, is represented by F22, Persistent delusional disorders—conditions which, it is stated, "... appear to be unrelated to schizophrenia", yet confusingly are placed in the broad category of "schizophrenia, schizotypal and delusional disorders",[17] often referred to loosely as the schizophrenia spectrum. All one can say with confidence is that Camille's psychosis must be located within the still poorly charted zone where paranoia, paraphrenia and schizophrenia intersect.

In recent decades, investigation of the psychoses has been dominated by genetic reductionism. Today, however, there is a growing awareness that this framework alone is inadequate and attention is turning once more to interactive causal and prognostic models. Psychiatric geneticists, faced with discordance between monozygotic twin pairs for schizophrenia and affective psychosis, now accept that the disparities must be due to non-shared pathogenic exposures, probably in utero or in infancy and early childhood, and have speculated on the occurrence of abnormal gene–environment interaction as an explanation.[18] Longitudinal research findings indicate that genetic risk, neurodevelopmental damage and stressful experiences in childhood or later may all play a part in the emergence of psychosis,[19 20] confirming that, in Eisenberg's phrase,[21] genes set the boundaries of the possible, environments parse out the actual.

On this basis, Harrison[22] has urged the need to reconceptualise schizophrenia and its congeners as conditions whose onset, course and outcome are determined by an ongoing interaction between life experiences and a specific vulnerability, present from early development onwards. This model differs from earlier notions of an underlying predisposition ("psychoticism", "schizotypal personality", etc) in two respects. First, it is not essentially biogenetic but accords a formative role to environmental factors. With respect to persecutory delusions, for example, the evidence of longitudinal research suggests that adverse early experiences may determine future "attributional style" (that is, the way in which individuals tend to explain to themselves events and misfortunes) and hence in some cases the building of a paranoid world view.[23] Second, it postulates that interaction between phenotype and environment influence the clinical and social prognosis in mental disorder, as well as the initial risk of onset.

Of particular interest here are case histories in which psychotic predisposition is associated with a strong creative

drive,[24] whether this finds expression in frankly psychotic art, in artistic creativity accompanied by a disorganised life style or, as in the present instance, in an artistic drive that precedes the emergence of psychosis and is then destroyed by it. Camille's art, though it symbolises her emotional conflicts, cannot be dismissed as morbid. Rather it seems that in her case, creative urge and mental instability, whether or not they shared a common origin, acted as two distinct vectors of her life course, and that only under the weight of prolonged social adversity did the mental instability eventually gain the upper hand.

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Notes