TEN

The headquarters of madness: Clérambault syndrome

It could be the opening of a film. Paris, 4 December 1920. A woman in her early 50s, who appears somewhat agitated, gets off an underground train and addresses two gendarmes. She says that she's being followed and that other passengers were ridiculing her. She demands protection. The gendarmes have no idea what is going on. The woman becomes more and more upset, frustrated by their refusal to take action. In the end, she is so angry that she gives them a box on the ears. Then she is taken into custody.

In the following scene, she is taken to the Infirmerie Spéciale, a psychiatric crisis centre on Île de la Cité. The woman is sitting opposite a perfectly groomed man. The interview does not last long. He records her name (Léa-Anna B, 53 years of age) and jots down a few characteristics of her delusion. She believes that the king of England is in love with her, and that strangers are trying to rob her of her money. He refers her to the psychiatric institution Sainte-Anne. The certificate of admission is no more than ten lines long. The signature is: Dr de Clérambault.

Several weeks later, Clérambault and his colleague Brousseau discuss her case during a session of the Société Clinique de Médecine Mentale.[1]

[1] G. de Clérambault and A. Brousseau, 'Coexistence de deux délires: Persécution et Érotomanie (présentation de malade)' in G. de Clérambault, *L'Érotomanie* (Paris, 2002), pp. 42–64.

Figure 10.1: In the Infirmerie, Clérambault questions a woman taken into custody

Léa-Anna's delusions go back a long way. She was once a saleswoman in a dress shop, but soon became the mistress of a rich, highly placed lover. The relationship lasted eighteen years. When he died in 1907, it did not take her long to find a new lover, who owned a castle. He bought a house for her, and asked her to come and live there with him. But the days were long in the French countryside, and she became lonely. After four years, the relationship ended, according to Clérambault because her delusions were already developing. In 1917, she became convinced that the American general who commanded a nearby army camp (this was during the First World War) was in love with her. Now, in 1920, she was convinced that George V of England was her admirer. He had been making advances to her since 1918, via secret messages. She said that this was the problem, in her eyes the only problem: she initially failed to notice his advances.

The English king tried to make his intentions clear to her through special officers who suddenly appeared in Léa-Anna's surroundings. They were disguised as sailors or tourists, and she didn't realize until it was too late that they had been sent by George V. Looking back, she recalled the knowing glances, the cryptic remarks, and the secret signs which were intended for her, but which at the time she had failed to understand. It did not become clear to her until one day, while travelling by train, she met an officer from the retinue of General

Liautey, who revealed to her in guarded terms that he was an emissary of George V. All those other incidents suddenly fell into place, like that knock on the door of her hotel room late one evening. It must have been the king, hoping for a rendezvous.

But this resulted in a delicate situation. Because she had failed to respond to his advances, George V must have concluded that she was rejecting him. Nothing was further from the truth! She felt a great love for him. What she had to do now was to explain to him in person that she returned his love. Léa-Anna set off for London, in the hope of finding an opportunity to speak to the king. For days she wandered around in the vicinity of Buckingham Palace. There was the occasional sign from the king – a curtain moved behind one of the windows of the vast palace, letting her know that he could see her – but there was never any direct contact between them. After the latest vain attempt, and expenditures totalling thousands of francs, she returned to Paris, angry and frustrated. It was on an underground train platform that the incident took place which led to her admission.

Erotomania

Clérambault explains to his colleagues that his patient is suffering from a disorder which he calls 'erotomanic syndrome' or 'erotomania'. Léa-Anna B displayed most of the classic characteristics, beginning with delusions of grandeur. The 'love object' is always a highly placed person who is rich or has a great deal of prestige. According to the patient, the advances came from the 'love object'; in other words, he initiated the contact, and she responded. He communicates by means of signals which only she understands, and his position is such that it is impossible for him openly to declare his love. Everything that she experiences is interpreted in the light of the delusion that the man desires her and is trying to make contact. The only aspect in which Léa-Anna deviated from the characteristic course of the disorder was

the gradual beginning: the delusion almost always begins directly after a meeting, a true *coup de foudre*.

After this introduction, Léa-Anna is brought in. Clérambault has told her that she is to appear before a committee of important men, whose reputation even extends to England, and she must seize this opportunity to plead her cause. During the demonstration, he pretends that he actually is in a position to arrange a meeting with the king, but says he is not sure that it would be a good idea. Will she be able to control herself when she comes face to face with her admirer?

> 'I'll keep my hands like this, behind my back, so you can stand behind me and restrain me.'
> 'I'm also afraid that you'll immediately throw your arms around his neck.'
> 'But you can hold me back.'
> 'Yes, but what will the princesses say about all this?'
> 'They probably won't even be there.'
> 'Didn't you tell me they were very interested in all this?'
> 'That is something between him and me.'[2]

At Clérambault's suggestion, Léa-Anna retires to write a letter to the king. After a quarter of an hour, she hands him the letter in all confidence. It is written in good faith. She opens her heart, assuring the king of her deepest affection. She tells him that she hopes he will arrange for her to come to England. It is signed: 'L. Anna B … à l'hôpital Ste-Anne. Paris, le 20 décembre 1920.' As Clérambault tells his colleagues, such a ruse invariably works in the case of patients with this disorder.

From 1920 on, Clérambault authored over a dozen articles on what is now known as 'Clérambault syndrome'.[3] The patients were invariably women, employed in modest positions such as factory worker, domestic servant or seamstress, while the 'infatuated' men were officers,

[2] Clérambault, *Érotomanie*, pp. 54–5.

[3] The collected works of Clérambault were published by the Presses Universitaires de France as *Œuvre psychiatrique* (Paris, 1942). The studies focusing on erotomania also appeared as separate publications. See note 1.

priests, doctors or judges. In the primary variant, known as 'érotomanie pure', the only symptom pointing to a disorder is the conviction that one has an admirer. In 'érotomanie associée', the secondary variant, the condition is part of an extended delusionary system. The 50-year-old Clémentine D, who formerly worked in a dress shop and was presented to the Société in July 1921, was a case of 'érotomanie associée'. Clémentine believed not only that a priest was in love with her and had rented an expensive apartment for her, but also that the neighbours were trying to gain control of her by means of electromagnetic machines.[4] Whether it took the form of the primary or the secondary variant, the disorder invariably followed a fixed course. It begins with a personal contact, however fleeting and one-sided – perhaps the patient had heard his sermon or attended his surgery. In the initial stages, she is optimistic about her chances, and seeks contact by means of visits, letters and small gifts. When the man rejects her efforts, she gradually becomes discouraged and ultimately turns spiteful. In some cases, she tries to take revenge on the man himself or the people around him. It does not seem to bother her that the man is already married, which is often the case. The marriage is irrelevant in her eyes, since he is in love with her and no one else. Many of these patients ended up in the Infirmerie, after being picked up by the police for aggression directed against the wife. Clérambault was convinced that the condition was incurable. Henriëtte H, who was interviewed at the Infirmerie in May 1923, fell in love with a young priest at the age of 17. Some thirty-seven (!) years later, after various arrests for disturbance of the peace, she worked as a domestic servant, but only in households with a telephone, so that she could continue her pursuit by phone.[5]

[4] G. de Clérambault, Érotomanie pure, 'Érotomanie associée. Présentation de malade' in G. de Clérambault, *Érotomanie*, pp. 79–118.

[5] G. de Clérambault, 'Érotomanie pure persistant depuis trente-sept années' in Clérambault, *Érotomanie*, pp. 176–87.

The headquarters of madness

The full family name was Gatian de Clérambault.[6] Of the six first names which Clérambault was given at his birth in 1872, he wisely used only the first: Gaëtan. At the age of 13 he went to Paris to study at the Collège Stanislas. The young Clérambault was regarded as 'un peu turbulent', but he completed secondary school and went on to study law. His university courses were combined with intensive drawing studies at the École nationale des Beaux-Arts. After graduation he was called up for military service. He served with the artillery, through the intervention of friends of his parents, since he was 3 centimetres under the not unreasonable minimum height of 1 metre 60 cms.

Clérambault developed a lifestyle which tended towards the martial. He was an excellent horseman and practiced jiu-jitsu, which had only recently been introduced into France. Later, during the First World War, he was detached to positions at the front at his own request, and on two occasions was seriously wounded. He was known for his quick temper. During a session of the Société, Clérambault mistakenly thought that the speaker had stolen his ideas and flew into a rage. Although duelling had been banned in France since the days of Louis XIV and had never been part of the academic discourse, that is precisely what Clérambault demanded – a duel.[7] Colleagues were forced to intervene.

After fulfilling his military service, he decided to study medicine and obtained his doctorate in 1899. His dissertation was devoted to the growth responsible for the condition known as 'cauliflower ear'.

[6] Two biographies have been devoted to Clérambault. That of Elisabeth Renard is somewhat hagiographic: *Le Docteur Gaëtan de Clérambault, sa vie et son œuvre (1872–1934)* (Paris, 1942). It was republished in 1992 with an introduction by the psychiatrist Serge Tisseron. A more factual and critical work is the biography by Alain Rubens, *Le maître des insensés. Gaëtan Gatian de Clérambault (1872–1934)* (Paris, 1998). One of Clérambault's associates published a biographical retrospective: G. Heuyer, 'G. G. de Clérambault', *l'Encéphale*, 39 (1950), 413–39.

[7] Renard, *Clérambault*, p. 62.

Figure 10. 2: Gaëtan Gatian de Clérambault (1872–1934)

By that time he had lost his heart to psychiatry and in 1898, together with Capgras, he joined the staff of a conglomerate of psychiatric institutions known as 'asiles de la Seine', as assistant physician.

In 1905, Clérambault had various options. He could go into private practice, work in a hospital, or embark on an academic career. But he took a different decision, opting for the Infirmerie. Its official name was Infirmerie Spéciale du Dépôt, 3 Quai de l'Horloge, founded in 1872 in order to ensure that mentally disturbed individuals were not simply locked up. This policy ran counter to what had been common practice in the early decades of the nineteenth century. When Clérambault joined the Infirmerie, there were eleven cells for men and seven for women, three of which were padded. During the almost thirty years that Clérambault was associated with the Infirmerie, he witnessed an endless procession of disordered minds: each year the fate of some two to three thousand souls had to be decided. As a rule, this meant choosing between a jail cell and the asylum. What all these people had in common was the fact that they had been picked up from the streets by the police. They were absinthe drinkers, ether-sniffers, morphinists and opium smokers, people who had attempted suicide or had an epileptic seizure, alongside arsonists, exhibitionists,

fetishists, muggers, the demented elderly, and retarded people adrift in society. Following a brief interview, Clérambault drew up a certificate, one of an estimated 13,000 such documents which he wrote in the course of his career. They are psychiatric 'mug shots' containing, in addition to the personalia, a description of the symptoms, the reason for the detention, the present state of the individual, and a tentative diagnosis, all recorded in terse telegram style. The options open to the staff of the Infirmerie were to release the person in question, or refer him or her to a hospital. In the majority of cases the next step was admission to the Sainte-Anne.

For most Parisians who ended up in the Infirmerie, the humane principles upon which the institution was founded quickly faded into the background. The institution was housed in a forbidding black neo-Gothic building, and the interior was a slum. The cells were filthy and the treatment at the hands of the personnel downright gross. But what gave rise to the most resistance was the omnipotence of the chief physician. He decided between freedom and compulsory admission but, at his own discretion, he could also order the patient to be detained for observation in the Dépôt, for a period of three, six or perhaps nine days. The press was unanimously hostile to the Infirmerie. There were regular articles on people who had been released and immediately repeated their offence or, conversely, individuals who were incarcerated for an indeterminate period. Occasionally, someone from more exalted social circles ended up in the Infirmerie, usually as a result of drunkenness or brawling. He found himself among petty thieves, knife fighters and strumpets, temporarily deprived of his rights and locked up in a filthy cell, waiting for psychiatrists to decide his fate. Of course, the same thing could also happen to someone from the lower classes, but the difference was that once they were released, the more privileged detainees went straight to the press, which resulted in periodical campaigns against the regime in the Infirmerie.

One of Clérambault's predecessors referred to the institution as 'the headquarters of madness'. But it was also the headquarters of French

forensic psychiatry. Ultimately, from every corner of the huge and hectic capital, came all the perpetrators of a delict in which mental illness may have played a role, ending up in that same room in the Infirmerie. And after the interrogation, they all fanned out across the city's hospitals, institutions and prisons. Clérambault never had to look elsewhere for his study material: it filed past his desk on a daily basis and, thanks to the funnel function of the Infirmerie, in a concentration which was never reached in the institutions. Almost all the case studies recorded by Clérambault feature men and women who once sat opposite him. The manner in which he allowed his psychiatric work to be fed by the individuals whom the gendarmerie delivered to him is illustrated by the articles which he wrote on four women who appeared before him between 1902 and 1906.[8] There was a common factor in the background to their crime which was probably only visible from his privileged observation post on the Quai de l'Horloge, and even then only to someone who, even before he began his questioning, must have had his own suspicions about their true motives.

Hysterical, frigid, perverse, degenerate

The four women in question, all in their 40s, were arrested for the theft of silk. All four were repeat offenders, and one of them had been sentenced dozens of times, always for stealing silk. Why silk? The questioning of the first woman, the 40-year-old VB, detained in the women's prison Fresnes, lasted five days. She was transferred to the Infirmerie for the interviews. After repeated urging, her testimony punctuated by crying spells, the woman explained that she used the silk to masturbate. She hadn't even told her lawyer, for fear he would make it known during the sitting. The other women stole silk for the same reason. The desire for silk was so strong that it was irresistible.

[8] 'Passion érotique des étoffes chez la femme' in *Œuvre psychiatrique*, pp. 682–715, 715–20.

They walked into a dress shop, grabbed an article made of silk (a length of material, a girl's dress or a corsage) and dashed into a fitting room or an elevator, where they rubbed the material against their private parts. There were a number of noteworthy similarities between the four cases. It was essential to the titillation that the silk had been obtained by theft. One woman was a seamstress who had as much silk available as she could possibly want, but could only masturbate with silk when the experience was preceded by the excitement of the theft. Masturbation took place while the women were still experiencing the 'high' of the theft. Some of them took the time to search out a quiet corner of the store, but one of them had masturbated in the middle of the store. After achieving orgasm, the women lost all interest in the silk: they simply dropped it or tossed it behind a door. Two of them stole the silk while under the influence of ether. One drank ether and then rum, to mask the odour of the ether, and then white wine to get rid of the smell of the rum. The ether had a liberating effect: the women became lively, exuberant and aggressive, and when the impulse to steal silk arose, it could not be stifled.

All four women had once been married, but now lived without a man. None of them had derived any pleasure from marital sex. From the beginning VB was revolted by her husband's grunts and grimaces. She would wait until he had gone off to work in the morning and then masturbate. The preference for masturbation was shared by the other three. Even when they were not masturbating, they enjoyed handling the silk, letting it glide through their fingers. Two of them still took pleasure in dressing dolls, preferably in silk.

What struck Clérambault was the specific preference for silk. None of the women took the slightest interest in other materials, such as fur, velvet, flannel or satin. According to them, there was something erotic about the touch of silk, and even more in the sound it made. They all experienced the rustle and crinkle of stiff raw silk as titillating: 'elle crie'. The 46-year-old F, taken into custody in October 1902, gave an open-hearted account, here abridged:

> Feeling silk is better than looking at silk, but crumpling silk is even better; it's arousing, you can feel the wetness coming, no other sexual sensation can compare with it. But it's even better when it's silk I've stolen. Stealing silk is delicious. I could never get the same sensation from buying it. I'm powerless to resist the temptation. When I get hold of the material, I crumple it up and after that I experience a pleasure that takes my breath away. It's as if I'm drunk, I tremble … not from fear, but from excitement. As soon as I have the material in my hand, I spread my legs, so I can touch myself. That's how people see me. When the pleasure is over, I'm exhausted, my breathing is accelerated, my arms and legs are quite stiff. Stealing silk is my delight. My children have tried in vain to cure me by buying yards and yards of silk for me. If someone made me a present of the length of silk I was just about to steal, it would give me no enjoyment at all. In fact, it would totally ruin my enjoyment.[9]

Just as F, unknowingly, spoke for the other three women, in his analysis Clérambault spoke for French psychiatry. His diagnosis was a diatribe. To begin with, all four women were 'hysterical'. On this point, Clérambault did not mince his words. He placed them firmly in the domain of the mentally deficient, with a nervous system susceptible to overexcitation, specifically through the sense of touch. Furthermore, all four of them were 'frigid'. This label indicated that they were not capable of normal (i.e., heterosexual) titillation. For Clérambault, the frequent masturbation served to underscore their frigidity. Two of them occasionally fantasized about a woman during masturbation, and this, together with the preference for masturbation, was sufficient reason to declare them 'perverse'. Nor could there be any doubt about a fourth label: 'degenerate'. This judgement was reinforced by the women's background. VB had a grandmother who died a lunatic, as did an aunt who had also masturbated. Her father and brother, both dead, were '*très nerveux*'. A nephew of 18 was likewise a *masturbateur*. When Clérambault summoned B's ex-husband for an interrogation, one look was enough: the man was living proof of the 'mutual

[9] *Ibid.* p. 694.

attraction of degenerates'.[10] The other women had a similarly tainted family history.

His argumentation was solid, conclusive and eminently circular. For the most part, hysteria, frigidity, perversion and degeneration were defined in each other's terms. Masturbation pointed to frigidity and perversion and those two aberrations were together an indication of degeneration. Although Clérambault probably regarded the women as psychiatric patients, since he consistently referred to them as *malade*, he could find no mitigating circumstances in their illness, nor are there any indications that he attempted to prevent them from ending up in prison. On the contrary: one gets the impression that he regarded them as both ill *and* perverted, as well as hopelessly disturbed, with an abnormality which was rooted in a fatal and inescapable genetic derailment. When VB was sentenced to twenty-six months for theft, he recorded the verdict without further comment. The fact that some of the women were desperately afraid of being deported to a penal colony prompted him to issue a steely warning to his colleagues to be extra on their guard for malingerers. He also noted that these women were 'amoral'. The fact that they spoke so candidly about the most intimate details of their sex life only served to confirm this.

Is it possible that in some way the passion for silk resonated with Clérambault himself? In 1910, the year that he wrote about the silk thieves for the second time, he developed a passion for oriental robes and veils during a stay in Tunisia. In the First World War, he had volunteered for a tour of duty in Morocco, then a French protectorate, and he fell in love with the country. He became fluent in Arabic and returned there after the war to photograph Moroccan robes. The collection which gradually took shape was extensive (some 4,000 print clichés in all) and of a monomaniacal one-sidedness: no landscapes, no cities, almost no recognizable human figures, only an endless procession of veiled men, women and children. These secret

[10] *Ibid.* p. 690.

Figure 10.3: Clérambault took some 4,000 photographs of the robes commonly worn around the Mediterranean Sea Basin. Almost all the figures portrayed are veiled

photos were never exhibited in Clérambault's lifetime, nor did he ever refer to them during the series of lectures on the draping of fabric which he gave at the École des Beaux-Arts during the 1920s.[11] After his death, another collection was discovered by friends who were clearing his house. It seems that Clérambault was himself enamoured of unusual fabrics: there were lengths and lengths of fur, silk, velvet, satin, taffeta, tarlatan and cotton. They also found the mannequins on which he draped the fabrics. No doubt Clérambault also took pleasure in the sensation of fabric gliding through his fingers.

A parade of women

While in the nineteenth century the Napoleonic stature of Charcot would have been sufficient grounds for the bestowal of eponyms such

[11] In the spring of 1990, part of this collection was exhibited in the Centre Pompidou: Gaëtan Gatian de Clérambault, psychiatre et photographe, Paris 1990.

as Parkinson's disease, Jackson's epilepsy and Gilles de la Tourette syndrome, the decision to rechristen 'erotomania' Clérambault syndrome was taken by a medical committee, at a psychiatric conference convened in Paris in 1935. Clérambault was without doubt the most productive author to have turned his attention to this disease, but he was not the first. Somewhat earlier, Kraepelin had described the case of a woman at a theatre performance who believed that the king (in this case the German monarch) had bowed in her direction upon entering the theatre. That delusion had taken on such proportions that she ended up believing that all sorts of details in clothing and conversation were proof that the king was in love with her. Kraepelin suspected that the delusion was actually a kind of psychological compensation for the disappointments in her life.

The term 'erotomania' already had a long history when Clérambault embarked on his case studies.[12] From antiquity until the middle of the eighteenth century, erotomania was used to denote a disease which is rooted in an intense but unrequited love. Later, the meaning shifted to what is currently known as nymphomania or satyrism: an excessive sexual drive. In the half-century before Clérambault, erotomania gradually went from a somatic to a mental condition. It became the delusion rooted in unrequited love, and ultimately the delusion that it is the other person who is in love. The literature on erotomania retained its casuistic nature after the publications by Clérambault. All the case studies again form a parade, initially consisting mainly of women. Most of them are lonely, often unemployed. Their delusion focuses on men in high positions or celebrities from the world of politics, sport or the arts. Physicians, clergymen and teachers have likewise been the object of the delusion. Since the 1980s, the number of male Clérambault patients recorded in the literature has increased. The German psychiatrist Brüne collected 246 case histories,

[12] G.E. Berrios and N. Kennedy, 'Erotomania: a conceptual history', *History of Psychiatry*, 13 (2002), 381–400.

published between 1900 and 2000.[13] He focused on the characteristics of Clérambault patients, broken down by gender. The patients seldom have a high social status, and the vast majority are unmarried. These two characteristics are almost the only ones shared by male and female Clérambault patients. Women are overrepresented by a ratio of 70 to 30 per cent. Only about 4 per cent of the women get into trouble with the law as a result of their disorder, compared with over half the men. In the women's group, the 'love object' is older in three-quarters of cases, while among the men the reverse is true. The sexual appeal of the 'love object' almost always plays a role among men, while this holds true for only about half of the women.

Theories about the cause of Clérambault syndrome cover the entire psychiatric spectrum, from psychoanalysis to brain damage. The delusion is thought to be a defence mechanism against a distressing sense of being unloved. The fantasy that someone is in love with you can assuage the loneliness and depression. Cases have also been described in which neurological damage may play a role, although to date no clear association with organic disorders has been established.[14] A recent perspective is that of evolutionary psychology. The above mentioned study by Brüne suggests that Clérambault syndrome is a pathological extension of the evolutionary mating strategies which men and women employ: women look for a partner whose status and wealth make him an attractive candidate to father their children, while men are more inclined to look for a young, sexually attractive partner.[15] Here, it must be said that Brüne's data may not actually be representative. Due to their behaviour, male Clérambault patients may be underrepresented: they are more likely to end up in a criminal trajectory, thus remaining outside the field of vision of psychiatrists. In the last ten or

[13] M. Brüne, 'De Clérambault's syndrome (erotomania) in an evolutionary perspective', *Evolution and Human Behavior*, 22 (2001), 409–15.

[14] S. F. Signer and J. L. Cummings, 'De Clérambault's syndrome in organic affective disorder', *British Journal of Psychiatry*, 151 (1987), 404–7.

[15] Brüne, 'De Clérambault's syndrome', 410.

fifteen years, much of the literature related to Clérambault syndrome has been incorporated into the literature on stalking.

DSM-IV code 197.1

In the psychiatric classification system *DSM-IV* (1994), erotomania appears under code 197.1: 'delusional disorder, erotomanic subtype'.[16] The accompanying *Casebook*, a collection of over 200 case histories, provides an impression of each disorder. Under the heading 'Dear Doctor', we find the profile of a female patient with Clérambault syndrome.[17] 'Myrna Field', a 55-year-old waitress in a hospital canteen, suddenly became convinced that one of the doctors was head over heels in love with her. This idea was fabricated on the basis of hints, innuendos and knowing looks, but never openly expressed – according to Myrna, because he was still married. Every time he came into the canteen, she became frightfully nervous. Two years later, the situation had become untenable, and she had to quit her job. Her own marriage was unhappy, asexual and childless, and she had never told her husband about her 'love affair'. It appears from the subsequent discussion that her psychiatrist prescribed an anti-psychotic remedy, which did go some way towards alleviating her symptoms. A subsequent depression was treated with anti-depressants, but three years later, she still believed that the doctor was in love with her.

In the literature on Clérambault syndrome there are several lists of inclusion and exclusion criteria in circulation. In 1985, two medical psychologists, Ellis and Mellsop, drew up a list of the diagnostic criteria employed by Clérambault:[18]

[16] American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders* (4th edn, Washington, 1994).

[17] R. L. Spitzer *et al.* (eds.), *DSM-IV Casebook* (Washington, 1994).

[18] P. Ellis and G. Mellsop, 'De Clérambault's syndrome: a nosological entity?', *British Journal of Psychiatry*, 146 (1985), 90–3.

(1) entertains the delusionary belief that one is in an amorous relationship with someone;
(2) that person has a high social status;
(3) was the first to fall in love;
(4) made the initial advances;
(5) the onset was sudden;
(6) the object of the delusion is unchanging;
(7) the patient has an explanation for the dismissive or hostile reactions of the object;
(8) the course is chronic;
(9) there are no hallucinations.

They then examined fifty-three cases from the recent literature to see how many of them met the above criteria. Conclusion: only two or at most three cases. Often there were attendant psychiatric conditions, such as paranoid schizophrenia or a manic-depressive disorder; in other cases, the delusion had begun gradually, or the object later changed. A 'pure' Clérambault patient proved to be rare, so rare that Ellis and Mellsop began to have doubts about whether 'Clérambault syndrome' actually existed, and whether it should be retained as a psychiatric diagnosis.

More recently, researchers asked colleagues in their district to report any patients with erotomanic symptoms.[19] Following interviews and a study of the dossiers, fifteen cases were studied in order to determine the extent to which the Clérambault criteria (Ellis and Mellsop's list) were applicable to them. The eleven women and four men were on average in their mid-40s. Only three were married, the others were single (eight), divorced (three) or widowed (one). Six of them had never had a sexual relationship. Twelve patients were unemployed or disabled. In thirteen cases the object had a higher social status. In six

[19] N. Kennedy, M. McDonough, B. Kelly and G. E. Berrios, 'Erotomania revisited: clinical course and treatment', *Comprehensive Psychiatry*, 43 (2002) 1, 1–6.

cases they were celebrities, such as an opera singer or (by now a classic) a member of the royal family.

The results of the research warrant a more detailed study, since they shed light on the boundaries of Clérambault syndrome. For example, only one criterion, the delusion that one has an admirer, is met by all fifteen cases. All the other criteria on the list drawn up by Ellis and Mellsop apply only to some of the cases. Not all the objects had a higher social status, and according to the patients, not all of them had made the initial advances. In four of the fifteen cases, there was no fixed object. Other criteria, such as the sudden onset (nine cases), the absence of hallucinations (eight cases), and the chronic course (seven cases), proved unreliable as a criterion for the diagnosis of Clérambault syndrome. In one patient, a man of 52, only half the criteria were met.

This suggests that the profile of Clérambault syndrome is too ragged to be useful as a psychiatric diagnosis. But this conclusion may be somewhat hasty. Although there were only two cases that met all the criteria on the list drawn up by Ellis and Mellsop, *as a group* these fifteen cases do unmistakably represent the prototypical Clérambault patient: woman, unmarried or divorced, unhappy, unemployed and suffering from the delusion that she has a high-placed admirer. These results make it possible to draw certain conclusions on how the syndrome is seen in psychiatric diagnostic practice. The delusion that someone is in love with you is apparently a necessary but also a *sufficient* symptom to be diagnosed as a Clérambault patient. In principle, all other symptoms, convictions or characteristics can be lacking. The one man of 52 was perhaps an atypical case, but that does not mean that he was *not* a Clérambault patient. In the course of the diagnostic process, psychiatrists establish where Clérambault syndrome begins and where it ends: for the beginning, the delusion of being in love is sufficient and – with the aid of the other criteria and without too much consultation – they have succeeded in constructing a prototype in which we have no trouble identifying Léa-Anna B and Clérambault's other patients.

A physician's memories of a cataract operation

Clérambault himself searched in vain for an organic origin of the syndrome. For a time he even thought that there might be a tie-in with certain eye reflexes, but due to health problems he was unable to develop this hypothesis. Even as a child, Clérambault had suffered from eye problems, and in his mid-50s his eyesight deteriorated so rapidly that within a few years he was, in his own words, 'half blind'. He decided on an operation. He has described the operation and its aftermath in great detail, an account which is now a precious monument in the annals of ophthalmology: *Souvenirs d'un médecin opéré de la cataracte*.[20]

When he was approaching 55, Clérambault wrote, his eyesight was so poor that he could only read for brief periods at a time, for fear of being plagued by headaches and dizziness. In the years that followed, he began to see strange shapes, especially at night. Each pinpoint of light appeared in five- or six-fold, and together these 'false lights' formed geometrical patterns connected by luminous threads. A lamp might take on the form of a phosphorescent starfish. This multiplication gave the nocturnal lights of the city a strange beauty, and the boulevards and quays had an almost magical quality, as if the sky itself was strewn with a luminous powder. All those lights, detached from façades and street-lamps, turned his field of vision into a star-studded firmament. In the same way, extra letters multiplied around the printed word, so that he found it almost impossible to read. A magnifying glass provided temporary solace, and later a pair of opera glasses, but eventually he had to have everything read to him: the newspaper, scientific articles, dossiers, etc. The situation became untenable. Walking down the street, he found it difficult to judge

[20] The account appeared posthumously in Clérambault's *Œuvre psychiatrique*, and later in book form: G. de Clérambault, *Souvenirs d'un médecin opéré de la cataracte* (Paris, 1992). The quotations are taken from the latter publication.

distance, especially when there were car head-lamps to deal with. While waiting to cross the street, Clérambault wrote, he kept an eye out for some stalwart soul with a sensible look about him, and crossed over when he did. At home there were falls, and collisions with chairs and tables. When he put down smaller articles, such as his pen, they immediately disappeared from sight, so that he had to feel his way across the desk blotter until he found them again. It was almost impossible to locate a specific sheet in a pile of papers. Moreover, Clérambault discovered, to his surprise, that his thought processes were becoming laborious. Even in our daydreams and reflections, he explained, we rely on the outside world, for distraction or as a means of picking up the thread of our musings. When you are half blind, you are constantly at the mercy of the resolute march of your own thoughts. Although a physician himself, he did not discover what the problem was until much later. When he saw in the mirror the crystals in his right eye, and friends told him that his iris had turned silver, he realized that he was developing cataracts.

Clérambault had heard about a new technique whereby cataracts could be removed while they were still developing. The method was devised by the Spanish ophthalmologist Ignacio Barraquer.[21] To this day, the 'Barraquer operation' is a well-known eponym in the world of ophthalmology. A crucial step in the process is the removal of the crystals by means of a suction cup. Barraquer had come up with the idea while sitting at the bedside of his father (his predecessor as professor of ophthalmology). He noticed how one of the leeches in a jar next to the bed lifted up pebbles by placing its cup-shaped protuberance on a pebble and creating a vacuum. He invented a device which made it possible to adjust the suction cup to a high

[21] A. K. Greene, 'Ignacio Barraquer (1884–1965) and the Barraquer family of ophthalmologists', *Canadian Journal of Ophthalmology*, 36 (2001), 5–6.

degree of accuracy.[22] In Paris, Clérambault visited a patient who had already undergone the operation and was willing to show him what his pupils looked like: they proved to be perfectly round, while his vision was totally restored. After this visit he resolved to leave for Barcelona as soon as possible.

The overnight train journey feels like the beginning of his liberation. The lights along the way give him an opportunity to observe the strange optical deformations, hopefully for the last time. The operation takes place the day after his arrival, and all goes well. After the procedure he has to remain in bed for five days, in absolute rest since the slightest movement could cause the minute stitches to tear. Only at the end of that period can the bandages be removed. Barraquer comes by twice a day. His visits last longer and longer. The eye doctor and the psychiatrist clearly enjoy each other's company, which is not surprising, given that they both take an interest in technology, teach at an art school, and pursue wide-ranging studies outside of their own field. Barraquer chats about the animals in the small zoo he set up at the clinic. On the fifth day the bandages are temporarily removed: Barraquer holds up five fingers, and Clérambault is allowed to look at Barraquer's wristwatch through a magnifying glass. After that, the bandages are replaced. What he saw in those brief moments makes him jubilant: colours and contours! And there is no doubt that the eye will recover.

But the following night things go wrong. In his sleep he turns onto the side where the eye was operated on. The pressure causes the stitches to give way and the eye fills with blood. Clérambault feels a piercing pain. 'At eight o'clock Barraquer declares that there are no

[22] The Barraquer dynasty is still practising at the forefront of ophthalmology: the son of Barraquer, José-Ignacio Barraquer, founded a now world-famous eye clinic in Bogotá, Colombia, and in 1949 was the first to develop a technique whereby a laser ray is used to scrape away an infinitely thin layer of the cornea, so that the refraction changes and the patient no longer needs glasses. The sons are also active in the clinic – the fourth generation of eye doctors.

worse patients than doctors, that he regrets having permitted me to have so many visitors, that the overexertion caused by all that talk gave rise to a terrible dream, or irritated my stitches, so that I inadvertently rubbed my eye.'[23] Barraquer quickly stitches the eye again, and warns Clérambault that it is still extremely vulnerable. He recalls that one of his patients, a naval officer, was overjoyed that he could see again and tensed the muscles in his face so strenuously that the stitches snapped, and the eye was ultimately lost. Another patient, a wealthy American, was embraced by his joyful daughter on the sixth day: the brim of her hat grazed the eye, which was likewise lost.

Fortunately, Clérambault is spared such disasters. The eye recovers, as does the other eye after the second operation several days later. Once back in Paris, Clérambault does discover a few small abnormalities. For example, he consistently underestimates distances, so that when he goes to pick something up, he has to remember to reach 10 centimetres further than his eyes tell him to. And street kerbs are always just that little bit further away than he estimates. With his right eye he sees figures that resemble a treble clef. All the colours seem to be bathed in a blue wash, something which Barraquer had predicted. It is as if his field of vision is stretched over a sphere, so that even straight lines and angles display a curvature. When reading, he is forced to hold the text unnaturally close to his eyes. But to his great relief, he can at least read and write again. He concludes cheerfully: 'Our eyes remain available to any colleague who desires to examine them.'[24] However, no one is able to take him up on the offer, since the account is not published until after his death.

'I am a finished man'

On one occasion in 1919, a friend recalled fifteen years later, the conversation turned to suicide. Clérambault maintained that a person

[23] Clérambault, *Souvenirs*, p. 39. [24] *Ibid.* p. 49.

doesn't have to be mad to take his own life. 'I live for my work and I love art. Imagine what would happen if I went blind! Suppose my life has become worthless, and I commit suicide, does that mean I'm mad?'[25] It was true that Clérambault's life resembled an art project. He was a dedicated painter, and collected art and exotic garments. He remained a bachelor and when he entertained, he wore a caftan and served tea brewed from mint leaves he grew himself. He was in the habit of receiving his friends individually, and each of them may well have had the impression that he was his one and only friend.

In his early 60s, Clérambault began to worry about his scientific legacy. He had always kept careful notes and published extensively, but his writing usually took the form of brief accounts, commentaries and case histories. The *leçons de Vendredi*, the lectures in forensic psychiatry which he gave every Friday as chief physician of the Infirmerie, were likewise disseminated to all and sundry. Now the time had come for a synthesis of his insights. He started editing his notes, with the help of a secretary. The work proceeded slowly, and one day he shoved the papers aside and said despondently, 'I am a finished man!'[26] In the course of 1934, he was besieged by one complaint after the other. For months at a time, he was confined to his bed by arthritis. To the end, he did his best to continue his visits to the Infirmerie, but only a recumbent position provided relief from the pain. Ill and depressed, he then learned that Dr Brousseau, co-author of his first publication on erotomania and one of his closest friends, had accepted an appointment in the provinces and would be leaving Paris. After the operation in Barcelona, he was unable to estimate depth, an inestimable loss for a painter and aesthete who took great pleasure in capturing the gentle folds of fabric. He noticed that the light which had been returned to his eyes was slowly ebbing away, this time for good.

[25] Renard, *Clérambault*, p. 74. [26] *Ibid.* p. 77.

It could be the end of a film.[27] On Friday afternoon, 16 November, Clérambault arrives at the Infirmerie for his clinical lesson. It is the first lesson of the new season and someone has forgotten to hang up the notice at the medical faculty. The hall is almost empty. The following morning he writes a hasty, incoherent letter to Brousseau, followed by an equally incoherent testament, written in a shaky hand and full of deletions. He rambles on about a painting which he did not come by honestly and which now weighs on his conscience.[28] He bequeaths his photographic collection to various ethnographic museums. 'More than anyone else', he writes, 'I have been punished by losing the results of all my labours. The documents which I have collected over the last forty years will be scattered. Important truths I have uncovered will sink back into oblivion.'[29] He asks forgiveness of the memory of his father and mother, his friends and, above all, his fellow psychiatrists, 'so easily and so often maligned and yet so morally upstanding'.[30] Then he takes his duty weapon from 1914–18, and goes into the garden, telling his housekeeper not to be alarmed if she hears shots. He fires several times and then storms up the stairs, places a chair against the edge of the bed, sits down opposite the linen cupboard mirror, and puts the muzzle of the revolver in his mouth.

[27] The film *Le cri de la soie* (1996), directed by Yvon Marciano, is loosely based on the life of Clérambault.

[28] Later it emerged that Clérambault had actually purchased the painting in a second-hand shop.

[29] Rubens, *Maître*, p. 281. [30] *Ibid.*