

*John Clare's Madness*

The superintendent of the Northampton General Lunatic Asylum, Dr Wing, in his annual report for 1864 noted that John Clare had been 'cut off by apoplexy' on 20 May and regretted that he would have liked 'to have written somewhat at length on the character of his insanity, and to have pointed out the frequent connection between mental aberration and genius, and especially as illustrated by some of our noted poets'. The idea was already a commonplace. Clare himself feared the connection between poetry and madness, as most poets probably do. For other people it is a comfort: as an American visitor who conversed with Clare in Lord Milton's garden in 1832 (five years before he was first certified insane) wrote: 'there was a peculiarity in his manner, and an incoherence in his speech, which involuntarily made me say to myself, "Thank God I am not a poet".' After all a poet, as Hardy wrote, 'disturbs the order here'.

Assuming Dr Wing knew his job, he could have made a conclusive medical statement about Clare's insanity, a diagnosis perhaps, which would like other nineteenth-century diagnoses have been translatable into the changing terminology of psychiatry during the twentieth century and after. We might be better able to distinguish between Clare's poetic 'madness' and his clinical 'insanity'. As it is they have become almost inextricably muddled.

I first read Clare when at school, in James Reeves's Heinemann Selection (1954). Reeves also wrote a long poem about Clare in which he asked, 'Is poetry a punishment or a crime?' When some years later I met Reeves I realised this was more a question about his own rather masochistic predicament than Clare's. Naturally enough, poets and others who comment on Clare's madness tend to project themselves into it. Graves in *The Crowning Privilege* (1953) saw Clare's madness as a consequence of his devotion to the White Goddess in the form of Mary Joyce. John and Anne Tibble, who revived Clare in a biography (1932), emphasised 'the odds against him'. Edmund Blunden (1934) saw Clare's supposed madness as nothing more than 'an exaltation of mind' – as if the forces of the industrial revolution had crashed on an innocent in a 'Georgian' landscape.

Reeves threw in the words 'delusions', 'melancholia', 'nervous depression'. Tibble and Tibble hypothesised that he suffered from 'manic depression'. Poetic and clinical madness were confused. But Graves, like Blunden, denied Clare's madness. He thought Clare's 'lunacy' was 'self-inflicted', as a way to be able to survive as a poet, outside the pressures to write in the way society wanted.

Eventually I became a clinical neuropsychologist. I have continued to read Clare, and to feel for his necessary poetic madness, but his clinical condition has remained a puzzle, in the lack of enough information collated in one place.

Now (November 2003) Jonathan Bate has come out with the largest biography of Clare so far (650pp), and a companion paperback selection of his poems, called *I Am*. Suddenly it

is possible to see Clare, and his poems, more clearly. Bate's view about the poems is trenchant: that they should be printed with the level of editing and correction that Clare himself is on record as having wanted. So here, after several well meaning but oddly chosen selections, and the mammoth Oxford volumes of all Clare's poems in largely unpunctuated and note-cluttered form, is a 300 page selection of well set out and punctuated short and long poems. Clare may find a readership again. (In his own time he had many readers for his books – more, for example, than Keats).

This is not a review of Bate's biography, but I will say it is everything a biography of Clare should be: comprehensive, affectionate, clear, balanced, and with none of that superiority to its subject that tends to creep into academic or critical biographies of poets, especially mad ones.

Bate discusses Clare's illness at length, and very ably. Many specialists would support Bate's retrospective diagnosis of Clare, and none of us can check our ideas by examining the patient. But I do think there is a plausible diagnosis which offers a more clear view of the relation between Clare's poetic madness and his clinical illness – namely, that they are not related at all.

Bate sees (p.409) that 'It would be a mistake to suppose that there was just one thing wrong with John Clare. He suffered from a distressing array of physical and mental symptoms.' But he does not evade the problem that although many factors *could* have contributed to Clare's illness, this does not mean they *did* – especially if the illness itself is not accurately diagnosed. He also tends, like other writers, to emphasise the mental over the physical. At the age of 31, Clare wrote (to Thomas Inskip, 10 August 1834) in a letter not quoted by Bate, 'I was taken in a sort of appoplectic fit & have never had the right use of my faculties since.' Clare himself saw his illness as physical – even when in asylums 'where all the people's brains are turned the wrong way'.

Bate writes, echoing Tibble and Tibble (p.213): 'If Clare were alive today and receiving psychiatric treatment, he would probably be diagnosed as suffering from manic depression, which is technically known as bipolar disorder. Whatever the validity of such a diagnosis in strictly medical terms, judging from Clare's account of how he could write enough poems to fill a book in a week but would then dry up altogether for "a good long while", *bipolar* and *manic* are fitting terms for his habits of writing.' This is very confusing. A modern psychiatrist, if he or she saw Clare as he was in 1828 or so, and had no access to modern medical tests for physical disease, might indeed diagnose a bipolar disorder ('manic depression') because of his periods of depression alternating with periods of elation and over-excitement. But this might be simply a 'cyclothymic temperament'. And Clare's 'habits of writing' as described are another thing altogether. The sad truth about real 'mental illness' is that it is not particularly creative. Clare's

great contemporary the painter Samuel Palmer shared a similar intensity of vision of nature, but when he had a series of severe depressive episodes (it seems), his painting became academic and dead. Clare, when supposedly insane, wrote his best poems.

Bate suggests that Clare experienced 'seasonal depression'. This is not (and wasn't in the 1830s) a condition leading to total breakdown. Clare also drank far too much alcohol at times, which would have reinforced the depressive episodes it was meant to cure. He also suffered from malnutrition on a diet with little protein. (His 'apopleptic fit' at age 31 is more likely to have been due to a sudden drop in blood sugar than to a stroke.) He was dosed with various poisons in the name of medicine, and was 'treated' through blood-letting. As Bate explains beautifully, he was 'enclosed' in a trap of poverty and dependency on having to please patrons, just as his beloved pre-enclosure landscape was enclosed. He was not messed about by his publishers and promoters as much as earlier biographers have supposed, but he was caught in their conflicts. The poetry boom which had helped him to fame collapsed just when he needed money most with a young family. And he was torn between his loves for the two main women in his life (his wife Patty and Mary Joyce) and several passing affairs.

All this would be enough to break a lesser man. But he was not broken. He identified with lonely and wounded animals and birds, but as Reeves (in spite of his insistence on Clare the victim) emphasised, he remained a poet of happiness. Dozens of poems, Bate points out, begin with the words 'I love...' This is not characteristic of a depressive temperament. His periods of elation were not pathological – unless poetry and other excitements are pathological. He kept writing through thick and thin. And most importantly, until he was aged 40 or so he was always capable of complete recovery from depression – not a rebound into mania, but a calm, productive recovery. In 1835 he wrote, 'I am scarcely able to write having done nothing this three year'. But in 1836 'he had a great burst of creative energy' (Bate, p.402). By 1837 he was unmanageable at home, talking confusedly aloud, and apparently (although details were never publicised) acting violently. He was certified insane and sent to Dr Allen's asylum in Epping Forest.

Dr Allen wrote that Clare's illness was due to 'his extreme poverty and over-exertion of body and mind'. These days we might say he had a 'reactive depression'. But Dr Allen, who was something of a charlatan and absorbed his patients' money like a sponge, believed in 'moral treatment'. He was not the first or last psychiatrist whose diagnosis might be determined by its possible cure. Clare did not benefit from moral treatment and after four years, in 1841, he ran away the 85 miles back to his home and family. After some months he was committed again, to the Northampton General Asylum. The certificate specified 'hereditary' insanity. But Bate's research into Clare's family reveals no trace of insanity in his parents or grandparents (so far as known) or uncles or aunts – and although one of Clare's daughters died young after what seems to have been depression, none of his other five surviving children showed no sign of mental disturbance.

In 1842, the year after Clare's arrival at Northampton, the then Superintendent wrote, 'I much fear that the disease will gradually terminate in dementia.' Between then and Clare's

death in 1864 this dementia was apparent, although sporadic and with some periods of remission. He died after a series of strokes.

There may appear to be a continuum here: from bipolar disorder/'manic depression' with psychotic episodes, to dementia, then death. Bate does not question this. But most clinicians would now, or even in the nineteenth century (although terminology was different). Bipolar disorder, a 'functional' illness, does not lead to dementia, an 'organic' illness. And when dementia occurs it puts any previous functional diagnosis into question. If 'mood disorder' (depression, anxiety) has immediately preceded dementia it is usually assumed retrospectively to have been due to brain changes – i.e. to have been organic, not functional. In other words, if Clare eventually suffered from dementia, which he demonstrably did, there must have been another cause to this than 'functional' depression or bipolar disorder. What was this cause?

Bate sticks to the manic depression diagnosis but mentions other possibilities in passing. He remarks (p.394) that in 1832 Clare 'was not yet showing any signs of what we would now call personality disorder'. Personality disorder (only in the diagnostic lexicon since the 1980s) is supposed to develop before adulthood, so the 'yet' is a minor error. Personality disorder is a red herring, and Bate does not mention it again. He also mentions possible post traumatic stress disorder (PTSD) following Clare's horror when at as a boy he saw a man killed in a fall – but this would not fit diagnostic criteria for PTSD since Clare's life was not threatened or feared to be. He did have a 'falling attack' at the time and some in subsequent years – perhaps what we now call panic attacks, but given his lack of good nutrition while growing up these could have been metabolic. There is no evidence that they were epileptic. Clare did suffer a concussion in a fall from a tree as a boy, but his period of unconsciousness was brief and his recall of the incident (as he wrote about it years later) was intact – i.e. there was no pre- or post-traumatic amnesia, and full recovery was probable. Bate mentions Clare being 'burnt out' from too much work – and that 'excessive mental exertion' was then thought to cause insanity – but 'burn out' is not clinical depression. Bate dismisses schizophrenia on the grounds that it involves 'emotional coldness and volitional impairment' whereas Clare was always subject to 'powerful emotions'. Actually Clare did show signs of failure of will when tormented by the 'blue devils' of his depression, and some people with schizophrenia are volatile in mood ('schizo-affective disorder'). The arguments against his having had schizophrenia (a rag-bag of a diagnosis which contains various sub-types) would be that normally it first presents itself in youth and that it involves a relentless deterioration of contact with reality: Clare's famous 'I am' poems, often thought to be schizophrenic, could *not* have been written by a man in his sixties with this illness.

Finally (p.411), Bate dismisses syphilis: 'We have seen that Clare himself believed he was suffering from a sexually transmitted disease. Syphilis can certainly cause derangement, but Clare's illness did not follow its characteristic pattern.'

Well, Clare not only believed he had a sexually transmitted disease, but Bate provides ample evidence that he

did. Furthermore it appears from its description to have been syphilis. And as for the 'characteristic pattern' of the mental illness and dementia caused by 'neurosyphilis' (as it is called if it affects the brain and nervous system), this disease is protean in its variations. It has been known as 'The Great Imitator' – i.e. it can present as apparent insanity, heart disease, epilepsy, hysteria, paranoia, almost anything, although the pattern of its *development* is characteristic, and it has several sub-types. I think Clare suffered from a well known sub-type, 'chronic meningovascular syphilis'.

I want to provide a brief 'natural history' of Clare's illness, based mainly on the facts in Bate's biography. But first it is worth mentioning the state of play with regard to this extraordinary disease, syphilis, during Clare's lifetime.\*

Syphilis was to the early nineteenth century something like AIDS to the late twentieth. After the Napoleonic Wars it swept France, then the rest of Western Europe including England, in an epidemic. The extraordinary expansion of public lunatic asylums in England as the century went on was largely due to the effects of this wave of disease, as many of its original victims developed in middle age what came to be known as 'dementia paralytica' or General Paralysis of the Insane (GPI). Once GPI became apparent, death usually occurred within five years. Perhaps Bate is referring to this when he states that the 'characteristic pattern' does not apply to Clare, who lived for 26 years following his certification as insane. But GPI could also, though rarely, become arrested. And in any case it was by no means the only possible outcome of neurosyphilis.

Syphilis, like many diseases, expresses itself in different ways in different epochs. For example, the 'grandiose or expansive form' of GPI was more common in the early nineteenth century than now. Visitors to Clare at Northampton (see Bate, p.474) mentioned his delusions – 'In fact he was any celebrity whom you might mention' – but also his 'agreeableness of disposition', a characteristic of GPI in its less florid phases. GPI is the acute form of tertiary syphilis. But Clare did not develop GPI, in which case he would have been dead by 1842 or so. He lived until 1864 and suffered from the chronic form, a vascular dementia in which impairments are 'patchy' and decline is 'stepwise', with preserved areas of intact functioning.

If Clare's insanity was due to syphilis, why was this not recorded? The certificate of 1837 does not survive, but in the re-certification of 1841 one of the 1837 signers, Dr Skrimshire, gave the cause as 'hereditary', although adding the famous 'after years addicted to poetical prosing'. As noted above, there was no evidence for hereditary insanity known to be available to the doctors. Yet the epidemic of GPI was in full swing, and filling the asylums. To the question, 'Does the patient labour under any epileptic, paralytic, contagious or other bodily disorders?' the 1841 certificate states 'No.' At this time Clare would not have been showing symptoms of primary or secondary syphilis, although his symptoms would have suggested GPI. Dr

Nesbitt of the Northampton asylum later stated that Clare's insanity 'had its origin in dissipation'.

A way out of this confusion is provided by Lishman:

A relationship between syphilis and insanity had long been recognised but there was much controversy before a syphilitic aetiology became accepted for general paresis. *Hereditary taint*, alcohol consumption, mental strain and even sexual excess were all championed as causes by various authorities despite the increasing epidemiological evidence that syphilis was responsible.

Here is a possible natural history of Clare's disease:

1820–1823. Clare suffered from seasonal depression between autumn and spring. His summers were more active, but there were active moments in winter too. (We must remember that he was cooped up in a damp and chilly tenement cottage with not enough to eat.) He was, as Bate notes, subject to 'powerful emotions'. He wrote of 'blue devils', 'fiery torments', and 'enduring Hell'. He wrote in 1824 (Bate, p.256) that 'my insides feels sinking and dead and my memory is worse and worse nearly lost... I think my disorder incurable.'

1824. Clare was in London most of the summer and frequented actresses and prostitutes with his friend the painter Edward Ripplingille, known as 'Rip'. Rip later wrote (Bate, p.261) to Clare reminding him of 'smoke, smocks, smells and smutty doings', and 'o Johnny Johnny, and you swallowing the crab juice of another Darling'. Following a period of depression in the autumn Clare launched himself with great vigour into a project called *Biographies of Birds and Flowers* and into an autobiography, although Bate describes this as a 'period of physical illness, depression and even suicidal thoughts'.

1825. 'Towards the end of the year Clare informed Dr Darling of an inflammation on an unidentified part of his body. He also seems to have expressed worries about somehow infecting his children' (Bate, p.285). Shortly before Christmas Clare confessed in a letter to his London friend Eliza Emmerson that he was having an affair. By May Clare was reporting peace at home and his son John was born in June. If he caught syphilis late in 1825 this might explain why he does not seem to have passed the infection on to his wife Patty: his affair may have displaced sexual relations with her during early pregnancy and if he had infectious lesions after the affair stopped, this would have been in the last stages of pregnancy when sexual relations may not have resumed.

1828. Clare wrote a letter (now lost) to his co-publisher Hessey whose reply states (Bate p.329): 'As there is reason for the suspicion you entertained, from the character of the Person concerned with you, I think you should not be content without taking the Opinion of a Medical man on the case unless you actually find that all the symptoms have entirely disappeared.' Bate writes: 'Following Hessey's advice, he told Darling of an "eruption" in the area of his groin.' Dr Skrimshire's certificate in late 1841 states that Clare's insanity began fourteen years previously – i.e., as Bate points out (p.467) in 1827–8, 'the period of his final visit to Dr Darling in London'.

1829–1837. Bate documents Clare's gradual deterioration over these years – typical of the transient neurological and

\* I am drawing mainly on two standard sources: *Textbook of Clinical Neuropsychiatry* by David Moore (2001), and *Organic Psychiatry*, 3rd edition, by W.A. Lishman (1997). Lishman's book is a classic, and unusually for a medical textbook is worth reading almost as literature, for its broad perspective and lucid prose.



other disorders of the 'latent' stage of syphilis. His visions of Mary Joyce and of a protective 'female deity' were actually dreams: he recorded them in his 'dream book'. But he also suffered waking visions of devils and demons by whom he felt 'bewitched'. He seems to have felt, from his writings over these years, that he was under a death sentence.

1837–1841. He is certified and sent to Dr Allen's asylum which he describes as Hell. He writes lovely poems about Epping Forest, but also the Byronic 'Don Juan' which contains frequent references to venereal disease and sexual disgust. He is by now adopting various identities. Now and for the rest of his life he shows confabulation (making things up on the spur of the moment), perseveration (repetition of phrases or words), and disorientation to time – all typically related to damage to the frontal lobes of the brain.

1841–1864 (from age 48 until his death at age 70). Clare's escape home requires the heroic endurance of a hunted animal, and at first he does not recognise Patty. He becomes calm for some weeks at home, and writes an account of his escape, and a lucid proto-existentialist essay on 'Identity'. But soon he becomes incoherent and violent, and he is re-certified and sent to Northampton.

At Northampton he slips into a fluctuating mild dementia. In conversation as reported by visitors he is confused, but his poetry is intact. He shifts identities. He makes long lists of women's names. He goes through a phase of writing letters without vowels, as a code, and tells a visitor that the letters of the alphabet have been drawn out of his head through his ears. But for many years he is able to take walks. He writes Valentines and love poems on order for the local young people, and uses the small proceeds to buy tobacco which he chews continually. For long periods he appears peaceful and stable. Visitors comment on the 'lucid intervals' so typical of vascular dementia.

In his final years he suffers a series of strokes. Now 'phantoms still haunt him and he will often swear most coarsely at the creatures of his own disordered fancy, his left side being usually where they locate themselves' – interesting neurologically, since this implies right hemisphere brain damage, and perhaps his strokes have left his left hemisphere language functions relatively intact. He is reduced to incontinence and apathy, takes to his bed and dies. His death mask shows no apparent syphilitic changes in the bones of his skull or face, and he has not had GPI. But the fluctuating, sporadic, and 'patchy' course of his long decline has been consistent with the other main expression of neurosyphilis, chronic meningovascular disease.

Finally, how did Clare, suffering from sporadically progressive dementia, manage to write poetry, on and off, until the last year of his life? He wrote far too much, of course – but he always had. Like Hardy's his poems are a landscape of hills and valleys for the reader to wander in. This persistence of poetry as his prose thinking deteriorated may seem like a miracle, putting diagnosis of dementia into question. But undoubtedly he did have lucid intervals. Probably he also retained areas of intact function because of 'neural plasticity': some circuits of his brain will have been formed through writing poetry. His 'addiction to poetical prosings' will have left its mark, as 'well rehearsed' neural traces, like sheep tracks visible for miles across a hillside.

I once assessed, on a home visit, a man of 80 who scored in the moderate to severe range on a dementia screen, was disoriented to place, time and person, and kept on phoning the police to 'get this strange woman out of the house' – his wife. The house was full of beautifully set out chess sets, and chess had been his life long passion. He invited me to a game and insisted I play White, to have the advantage of the first move. I am not a bad chess player. He checkmated me in six moves.

The dust-jacket of Bate's biography shows a split face of Clare – one half peeping around the flap, the other hidden. The paperback *I Am* selection of poems also shows a split face – divided around the spine. 'Split personality' is the hint – a vulgar interpretation of madness and of schizophrenia.

Clare was the reverse of split. Like many poets he succeeded in integrating conflicting 'selves'. His thinking on 'identity' as late as 1841 on his brief home-coming between two asylums shows a keen appreciation of sanity. James Reeves was right: Clare was always 'poetically sane'. Bate notes (p.175) that in Clare's context 'mad' meant 'overrun with strong feeling'. Perhaps much madness is divinest sense.

I see Clare as a 'mad poet' only in the sense that all inspired poets are mad. I also see him as a robust and resilient man who had the bad luck to get caught in an epidemic of syphilis and consequently declined into a brain disease, hence 'insanity'. Towards the end of his decline the poet in him came to life less often. But what about this sonnet written in February 1860?

Well, honest John, how fare you now at home?  
The spring is come and birds are building nests,  
The old cock robin to the sty is come  
With olive feathers and its ruddy breast,  
And the old cock with wattles and red comb  
Struts with the hens and seems to like some best,  
Then crows and looks about for little crumbs  
Swept out by little folks an hour ago;  
The pigs sleep in the sty, the book man comes,  
The little boys lets home-close nesting go  
And pockets tops and taws where daisies bloom  
To look at the new number just laid down  
With lots of pictures and good stories too  
And Jack-the-giant-killer's high renown.

Bate writes (p.521):

It has always been assumed that this poem is addressed by Clare to himself and is therefore further evidence of a split in his identity: the old man in the asylum is imagining his own younger self back at home in Helpston. The arrival of the itinerant bookseller was indeed a treat in his childhood; reading stories in old chapbooks was just as much an originating force for his poetry as were bird's-nesting and walking out where daisies bloomed. There is, however, an alternative or additional reading of the poem. A few weeks after writing it, Clare wrote a letter to his family in which he referred to his elder surviving son as 'Champion John Junr': it is quite possible that 'honest John' refers to John Junior and that the sonnet is to be imagined as an address to his son. 'How fare you now at

home?’ would then be less a fantasy that his own spirit was still in its old home and more a tender inquiry after the well-being of his loved ones back in Northborough as winter comes to an end.

Surely the poem is both these things – and more. Clare was called Jack by Patty and others. Yes, the poem addresses young John Clare at home. And old John Clare’s return in imagination. And old John Clare as a boy. And old John

Clare as an ‘old cock robin’, an ‘old cock’ in every sense of the word – living off ‘little crumbs’ (all he could delight in now was the names of girls whom he liked). And in its lovely last line it announces that, yes, John Clare the poet was in his own way ‘Jack-the-giant-killer’ – the innocent who takes on the world and becomes a hero then returns home. Clare returns home in the form of this poem, and as his writings at large, to be read on the bookseller’s pages by future generations. He has never left the home of his poetry.