Gendering psychosis: the illness of Zelda Fitzgerald

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ABSTRACT
Psychiatric textbooks tend to describe psychosis as it is experienced by men. The well-documented illness of Zelda Fitzgerald illustrates the feminine side of psychosis. The distinctive features of Zelda’s illness—its specific precipitants, the timing of its onset, the discontinuities in its course, the pronounced mood swings, the preservation of intellect and of agency, the maintenance of human ties, the association of flare-ups with immune and hormonal changes, the responsiveness to treatment, the lifelong creativity and productivity—show the female side of psychotic illness, one that is rarely described in diagnostic manuals. This paper relies on Nancy Milford’s biography of Zelda, as well as on several other biographical sources and, using Zelda’s own words and the words of her husband and friends, allows entry into a feminine world of psychosis, not encountered in textbooks. The expression of psychotic illness varies from person to person, its exact shape depending on many factors, most of them still undetermined, but gender is a critically important core component of variance.

INTRODUCTION
Zelda Fitzgerald was diagnosed with schizophrenia in 1930 by no less an expert than Eugen Bleuler, the clinician who originally coined the term. Schizophrenia is currently defined ‘by abnormal social behavior and failure to recognize what is real. Common symptoms include false beliefs, unclear or confused thinking, auditory hallucinations, reduced social engagement and emotional expression, and lack of motivation’.

But Zelda Fitzgerald, wife of American writer, F Scott Fitzgerald, and a celebrity in her own right, remained socially engaged throughout her life; her emotional expression was not reduced, and she never lacked motivation. The same is true of many women diagnosed with psychotic illness; their voices, however, are rarely heard. Zelda’s voice, 67 years after her death, is heard because both she and her famous husband and many of her literary friends were prodigious letter writers and keepers of journals. Some of the personal correspondence between Zelda and Scott has been preserved. In addition, both Fitzgeralds wrote semi-autobiographical novels that detail the specifics of Zelda’s mental problems. Hospital records from her several psychiatric hospitalisations are also extant. but rather to point to the elements that differentiate men and women, whatever the psychosis.

METHOD
Information about Zelda’s illness comes from the many articles and letters and books written about her and her husband. The most recent references on gender differences in psychosis were selected from the multidisciplinary Google Scholar database, on entry of the following search terms: ‘gender or sex’ plus ‘psychosis or schizophrenia or bipolar disorder’. Many excellent papers were omitted because of space limitations.

CHARACTERISTICS OF ZELDA’S ILLNESS
Zelda Fitzgerald was first hospitalised for psychiatric problems when she was 30. The course of her illness until her death at age 48 was marked by recurrent unrealistic beliefs, transient auditory hallucinations and occasional acts of unprovoked violence, usually directed at herself. Notable about her illness, and characteristic of many women with psychosis, are her excellent premorbid function, the late start and the intermittent nature of her symptoms and the high level of productivity she continued to display throughout life.

Premorbid function Psychosis is today considered to be a neurodevelopmental disorder, originating in fetal life. For this reason, according to current textbooks, signs of trouble are often already manifest during childhood in the form of academic, social and behavioural difficulty. Premorbid signs of trouble, however, are not usually seen in women. This has been attributed, in part, to the protective role of fetal oestrogen in fetal development.

In the case of Zelda, as a preteen and as an adolescent, she was described as popular, sociable and much admired. She maintained a B average in school. In her senior year, 1918, at Montgomery’s Sidney Lanier High School, she was voted the most attractive girl in her class.

From Zelda’s high school journal:

I ride boys’ motorcycles, chew gum, smoke in public, dance cheek to cheek, drink corn liquor and gin. I was the first to bob my hair and I sneak out at midnight to swim in the moonlight with boys at Catoma Creek and then show up at breakfast as though nothing had happened.

Onset age Zelda was first hospitalised at age 30, a late age for schizophrenia onset in men, but not unusually late for women. Women’s later age of first hospital admission has been explained in many ways: neuroprotection by female hormones, resistance due to a gendered pattern of brain connectivity, buffering by

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a large and supportive social network of friends and relatives.\textsuperscript{17} The greater propensity of males to violence, to substance abuse and to legal infractions may also shorten their pathway to medical attention.\textsuperscript{17} Once symptoms start, women may be relatively slow to obtain treatment. Eight years prior to her first hospital admission, when Zelda was 22, the Fitzgeralds' good friend, John Dos Passos, already described her in his journals as 'strange', tending to speak in an eccentric, difficult-to-understand manner.\textsuperscript{18} Bleuler, at the time of his assessment of Zelda in 1930, thought she had been ill for about 5 years (p.180).\textsuperscript{14} A period of 5 years or more of untreated psychosis is today considered long for both men and women.\textsuperscript{19}

**Affect**

Schizophrenia is referred to as a non-affective psychosis because men with this illness are perceived as showing little affect. Women do show affect and are as a result, often diagnosed as 'schizoaffective'.\textsuperscript{20} \textsuperscript{21}

Zelda’s affect throughout her illness is best described as labile, as illustrated in a letter to Scott from the psychiatric clinic, Rives de Prangins, where she spent 15 months in 1930–1931:

> Every day it seems to me that things are more barren and sterile and hopeless—In Paris, before I realized that I was sick, there was a new signification to everything: stations and streets and facades of buildings—colors were infinite, part of the air, and not restricted by the lines that encompassed them and lines were free of the masses they held. There was music that beat behind my forehead and other music that fell into my stomach from a high parabola and there was some of Schumann that was still and tender and the sadness of Chopin Mazurkas... (p.166).\textsuperscript{14}

A disturbance of affect was one of the four As by which Bleuler diagnosed schizophrenia, the other As being autism, ambivalence and associations.\textsuperscript{22} \textsuperscript{23} Besides being labile, Zelda’s affect was often perceived as inappropriate. As an example, in 1932, when she was being treated by Adolf Meyer at the Phipps Clinic, 'she smiled at inappropriate times and tried to cover it by pretending she had thought of something funny’... (p.213).\textsuperscript{14} Inappropriateness of affect in the context of psychosis is not known to differ between men and women.

**Suicidal behaviour**

Suicide is reported as much more common in men than in women in schizophrenia,\textsuperscript{23} but the male–female suicide gap in schizophrenia is much narrower than it is in the general population,\textsuperscript{24} so that women with psychotic illness, as did Zelda on several occasions,\textsuperscript{14} do attempt to take their lives.\textsuperscript{25}

**Thought disorder**

Most studies show that men with schizophrenia suffer from more severe cognitive deficits than do women, although this appears to depend on which cognitive function is being tested.\textsuperscript{26} The cognitive impairment referred to as thought disorder (speech difficult to understand) occurs in both sexes. Before Zelda was ever diagnosed with a mental illness, she was described by her friends as a lateral and idiosyncratic thinker, seeing unexpected associations among disparate ideas, speaking frequently in allegories and metaphors and expressing herself in original ways, with a vocabulary referred to as convoluted.\textsuperscript{18} This quality of Zelda’s was often attributed to creativity and originality. Literary critic, Edmund Wilson, for instance, writes about a party at the Fitzgerald home in February 1928, 2 years before Zelda’s first hospital admission:

> Zelda... talked with so spontaneous a color and wit—almost exactly in the way she wrote—that I very soon ceased to be troubled by the fact that the conversation was in the nature of a ‘free association’ of ideas and one could never follow up anything (p.311).\textsuperscript{27}

**Delusions and hallucinations**

On leaving her first psychiatric hospital, Malmaison, Zelda is described by her biographer, Milford, as tormented by terrifying voices, her dreams peopled with phantoms of ‘indescribable horror’ (p.159).\textsuperscript{14} During her subsequent hospitalisation at Prangins, Zelda confides in a letter to her husband:

> Now I see odd things: people’s arms too long or their faces as if they were stuffed and they look tiny and far away, or suddenly out of proportion (p.177).\textsuperscript{14}

In 1936, Zelda began having religious delusions. They are very evident in the novel she was writing at the time of her death, Caesar’s Things (Ch. 20).\textsuperscript{14} She claimed that god was giving her commandments to spread his word about the end of the world. She wrote and distributed religious tracts. She called herself a soldier of Christ, and was convinced that she was in direct contact with god.

In contrast to men, women with psychosis readily report ‘positive’ symptoms, such as delusions and hallucinations,\textsuperscript{28} perhaps because they are more forthright about mental symptoms than are men.\textsuperscript{29}

**Negative symptoms**

It is possible that men with schizophrenia suffer from delusions and hallucinations as often as women, but that, in men, these symptoms can be overshadowed by ‘negative’ symptoms (apathy, listlessness, asociality and amotivation).\textsuperscript{29} The gender difference is believed to result from the impact of relatively more obstetrical trauma, brain injury and toxic substances.\textsuperscript{30} Zelda, as many women who suffer from psychosis,\textsuperscript{31} had no negative symptoms. Even when ill, she was motivated to walk five miles a day, play tennis, swim, work on her writing and paint.

**Substance abuse**

Both Fitzgeralds were known to drink to excess, a hard-drinking life style well-described in Scott Fitzgerald’s novels. While men use substances more than women do,\textsuperscript{31} women’s substance problems are ‘telescoped’, meaning that women suffer the health sequelae sooner.\textsuperscript{32} In the case of the Fitzgeralds, his physical health gave way sooner than hers. He died first.

**Eating problems**

Women with schizophrenia or bipolar disorder often have eating problems.\textsuperscript{33} \textsuperscript{34} As a result of both excessive ballet practice and insufficient eating, Zelda weighed less than 100 pounds at the time of her first hospital admission (p.141).\textsuperscript{14}

**Obsessions**

Approximately 30% of patients with schizophrenia show obsessive compulsive symptoms.\textsuperscript{35} Men tend to think obsessive thoughts whereas women are more likely to behave obsessively.\textsuperscript{36} Zelda, for instance, was known for her obsession with bathing several times a day and for practising ballet non-stop.\textsuperscript{14}
POTENTIALLY GENDERISED RISK FACTORS FOR PSYCHOSIS

Genes

Inheritance of a number of still undetermined risk genes contributes to the emergence of psychosis. In a letter dated 1936, Scott Fitzgerald wrote:

My wife lost her mind six years ago—a family thing (out of a family of five, there remain three alive, one of whom only is normal)...

Zelda’s father, Anthony D Sayre, was hospitalised with a nervous breakdown in 1917; Zelda’s brother, Anthony D Sayre, Jr, committed suicide in a mental institution in 1933; her sister, Marjorie, was institutionalised periodically throughout her life for ‘nerve’ troubles. Her other sisters also suffered bouts of depression, and her grandmother and great aunt killed themselves. The Fitzgeralds’ daughter, Scottie, had problems with alcohol and Scottie’s son, Tim, committed suicide at age 27.

Although the expression of illness in Zelda’s family leans more towards depression and addiction than towards schizophrenia, it is now known that the responsible genes overlap. It has been suggested that the precise mechanism by which genetic inheritance is transmitted may differ between men and women. Sex hormones have been postulated to affect the expression of some risk-conferring genes.

Paternal age

Paternal age at the time of birth has been implicated as a risk factor for schizophrenia, and Zelda was a late arrival in her family, the last child of a sibship of six. Her father was 42 and her mother was 40 when she was born. Paternal age affects men and women similarly, and may have contributed to Zelda’s birth defect, a coloboma or a partly missing retina in one eye, which troubled her vision throughout life.

Pregnancy and obstetric difficulties and season of birth

Obstetric difficulties and winter–spring births are two risk factors for schizophrenia that affect men more than women, and are not relevant to Zelda because she was born in July in the Southern USA, and despite her mother’s relatively advanced age for childbearing, there were no reported obstetric difficulties.

Childhood trauma

Zelda was an indulged child, and although her father is described as distant and a bit of a tyrant, there is no credible evidence in her early history of the kind of neglect or abuse that can constitute risk factors for subsequent psychotic illness.

Triggers and precipitants

Triggers to the onset of mental illness may differ in men and women, although much depends on age, social class and culture. In the context of depression, Danielsson et al describe unique male and female triggers, with males reacting to circumstances seen as beyond their control, such as work and finances, and women reacting to personal failings. In one study of women with schizophrenia, precipitants to illness are noted as falling into the following categories: physical abuse, emotional abuse, emotional neglect, sexual harassment and sexual abuse.

In a letter to Scott written in the late summer of 1930 from Prangins, Zelda suggests a number of different traumas as triggering her first hospitalisation. True to the generalisation that women attribute problems to personal failings, Zelda focuses on her self-image—her reaction to being called ‘fat’ after the birth of her child. She is especially upset with herself for developing a crush on her ballet teacher:

I began to like Egorova (Madame Lubov Egorova, director of dance for the Diaghilev Ballet in Paris)—I told you I was afraid that there was something abnormal in the relationship and you laughed...it was wrong, of course (sic), to love my teacher when I should have loved you...

Zelda also blames Scott:

You left me more and more alone...You came into my room once the whole summer. You made no advances toward me and complained that I was un-responsive... You did not want me. Twice you left my bed saying ‘I can’t.’

She could legitimately have blamed Scott more—for slapping her, throwing things, yelling, insulting and for infidelity. Spousal abuse is, in fact, prevalent in the context of psychosis, women being most often the victims.

Zelda could also have attributed her illness to alcohol and women reacting to personal failings. In one study women with schizophrenia, in contrast to men, often preserve their social and occupational roles relatively intact. Zelda was a perpetual migrant after her marriage, repeatedly exposed to acculturation stress. Travel also means, as it did for Zelda, being away from sources of potential emotional support.

PRESERVATION OF FUNCTION

One of today’s central criteria for the diagnosis of schizophrenia is deterioration of function, but women with schizophrenia, in contrast to men, often preserve their social and occupational roles relatively intact. Zelda stopped training to be a ballerina after her first hospital admission, but she continued to write and paint, achieving considerable success with her short stories, her novel, Save Me the Waltz, and exhibitions of her art.

Mothering

Zelda was less successful in her role as a mother. Scottie, her daughter, in later years, described herself as ‘motherless’.

On admission to Valmont in May 1930, when asked what role 8-year-old Scottie played in her life, Zelda answered:

That is done now, I want to do something else (p.160).
Unsupported parenting in the context of a psychotic illness, a role that falls chiefly on women, is very difficult to successfully maintain.67

RESPONSE TO TREATMENT

Today, women are said to show a better response to treatments for psychosis than do men,68 but to also experience more adverse effects. In Zelda’s time, standard medications were bromides, chloral hydrate, hyoscine, paraldehyde, sulfonal barbiturates and morphine. The Prangins treatment, known as the Swiss sleeping cure, was morphine and bromides administered rectally following an enema. For Zelda, the results were headaches and severe eczema of her face and neck.

Letter from Zelda to Scott from Prangins:

For a month and a week I’ve lived in my room under bandages, my head and neck on fire. I haven’t slept in weeks (p.169).14

Menopause and ageing

Later age is said to be easier for men with psychosis than it is for women. Menopause brings a decrease of female gonadal hormones and, often, an increase in psychotic symptoms.69 Because Zelda died early, we do not know what the menopausal transition and older age would have like. After Scott’s death, she lived with her mother, with intermittent admissions to Highland Hospital in Asheville, North Carolina. The psychiatrist-in-charge was Dr Robert Carroll, of whom both good and bad has been written. According to Dr Irving Pine, ‘Dr Carroll took advantage of several women patients, including Zelda’.70 The North Carolina Medical Board records show that Dr Carroll was convicted in 1926 of ‘gross immoral conduct’, but that the conviction was overturned in 1928.74

Carroll supported Zelda’s painting and asked her to choreograph dances at the hospital. He was an advocate of fresh air, art, dance, music, theatre and promoted therapies of the day, but that the conviction was overturned in 1928.74

CONCLUSION

Kraepelin,74 known as the founder of modern psychiatry, was the first to note significant male–female differences in the illness he referred to as dementia praecox. Clinically important is the observation that psychotic illness can start relatively late in women, with few prior psychological difficulties. As in the case of Zelda Fitzgerald, illness may not markedly impair social or occupational function in women, despite delusions, hallucinations and severe symptoms in other domains. Symptom levels may increase when the level of gonadal hormones decreases. Mood may be labile; suicidal precautions must, therefore, be in place. Home visiting may be necessary to detect domestic abuse; and to institute support for parenting. Because Zelda Fitzgerald is such a powerfully charismatic figure, her life can help illuminate the special plight, but also the special resilience, of women with psychosis.

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