**Insane Old Ladies**

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**The 19th century**

Elaine Showalter commented in “The Female Malady” that when Charles Dickens visited a Victorian asylum, he noticed that there was a clear excess of women in it and concluded that “insanity is more prevalent among women than among men”.¹

The 19th century was the age of insanity. It saw an explosion in the volume of individuals labelled as insane and receiving care in lunatic asylums. It is often said that many of the residents in the asylums had social, rather than psychiatric, “diseases”, and that these institutions often contained within them the socially unacceptable, as well as the genuinely ill. There were several different ways – often of a moral or otherwise economic nature - in which women during and after the industrial revolution could be perceived as social misfits and end up in an asylum. Many did. Others had chronic medical conditions, such as tuberculosis. It is possible therefore that some of the women Dickens saw in the asylum he visited had been admitted there simply because they found themselves outside the boundaries of respectable society. However, the statistics of the time show that one of the most common diagnoses in lunatic asylums in that period was “senility”²⁻⁴, so it is safe to assume that this notionally defined group of disorders would have accounted for much of the excess of females that Dickens noticed.

**Deter and Hayworth**

Two women stand out in the history of dementia and they deserve to be mentioned individually. In 1907, Alois Alzheimer, a Bavarian psychiatrist and researcher, described the case of a woman from Frankfurt, who had developed dementia at the age of 51. Her name was Auguste Deter and she had an early-onset dementia, complicated by secondary psychotic features. She became progressively worse, until she finally had to be admitted to a mental hospital, where she eventually died. Auguste was the first person in history to receive a diagnosis of “Alzheimer’s Disease”, initially formulated as a pre-senile disorder. Rita Hayworth, the famous American actress, was also a very significant female patient in the history of this disorder. Alzheimer’s disease had been virtually forgotten as a diagnosis for many decades. In 1981 it received its first ever mention in “The Times” in a short science report. The second mention in “The Times” arrived two months later, stating that Rita Hayworth had contracted the disease, “described as a quickly deteriorating form of senility”⁵.
Menstrual cycle and menopause
Women not only had dementia or senility, but also female-specific disorders, such as hysteria. Their mental disorder was almost invariably attributed to the malfunction of their reproductive system. In the case of women of child-bearing age, the menstrual cycle was thought to play a crucial role, by challenging and upsetting the “economy” of their physiologies. Victorian psychiatrists thought that it was very difficult for the body to lose that much blood every month and yet be able to maintain a good psychological balance. It must have been very satisfying intellectually to establish a link between the lunar menstrual cycle and the lunacy of those subjected to it. But the reproductive system was also blamed for the lunacy of post-menopausal women, although in this case it was the absence of a menstrual cycle that produced the malfunction in the brain. Not even old women could escape their reproductive nature. When younger, they had menstrual “reflex insanity”, or hysteria, and when they became older their uterus still remained at the centre of their psychological dysfunctions. In fact, the absence of oestrogen is still mentioned as a possible aetiology for the psychoses of old women in the current psychiatric literature. Showalter adds that Victorian psychiatrists considered the menopause to be such a “shock” for the female brain that they used colourful and dramatic expressions to describe it, like “climacteric paroxysms”, or a “revolution in the female economy”. In the context of such a spectacularly disordered equilibrium, it was hardly surprising that psychiatric problems, such as melancholy, senility and other types of insanity should be attributed to menopausal symptoms.

The social framework
Old women have the combined characteristics of being one of the least empowered sections of society, and at the same time, being historically perceived as being, not just undesirable, but positively threatening. The old witch in the traditional children’s tales illustrates this point adequately. It is possible to draw a parallel between these old women and ethnic minorities in their relative powerlessness and perceived threatening potential and, like old women, members of ethnic minorities have been found to be over-represented in diagnostic categories of old age paranoia. Simone De Beauvoir thought that old women excite revulsion because they have lost their place in society as erotic objects. In this revulsion and dread, they are attributed the supernatural powers of a witch. She also pointed out that in some traditional societies, old women were symbolically expelled from small towns, or even killed, to rid society of old age. Thomas Szasz identified the witch as one of the main characters in the dynamic between the oppressing psychiatrist and the disempowered oppressed in his influential anti-psychiatric treatise “The Manufacture of Madness”. According to Szasz, psychiatry persecuted witches by declaring them insane, just as Church and
state had persecuted them before. Other authors believe that old women, in their sexual independence from men, have the paradoxical power to challenge their patriarchal authority. This would explain the hostility exerted towards them in society\textsuperscript{11}. Being old and a spinster were also the implicit causes of erotomania in the traditional alternative name for this disorder: “Old Maid’s Insanity”.

The world has seen witches, disturbed old ladies with “climacteric paroxysms” generated by their reproductively redundant bodies, and “insane old maids” who pathetically believed they could be the object of erotic desires. We still have “Cat Ladies” and “Bag Ladies”. Old women have traditionally been credited with mainly negative characteristics in society. One could speculate that some old women will be likely to internalise these negative values and that this will make them feel both worthless and vulnerable. When this is combined with social exclusion, perhaps as a result of mental illness, the result will be particularly stigmatising.

References: