Chapter 2

A Dark Doom to Dread

Women, Suicide, and Suffering on the
Confederate Homefront

I feel sad and gloomy today. These times of trouble do try my faith, but I hope it will all work out for my good. The Lord's face is hid from me. Darkness and gloom surrounds me. . . . Our country is invaded by the enemy. We have heard of many bloody battles. Thousands have been hurried into eternity. The enemy is advancing and taken our cities [sic] and towns. The prospect is dark and gloomy. War, bloodshed, and desolation is before us.

—Mary Jeffreys Bethell, April 29, 1862

Near the end of the Civil War, an overwhelmed, depressed thirty-seven-year-old Emily Harris, wife of an up-country South Carolina farmer-turned-soldier, entertained death as an escape from the burdens and pressures she faced as the de facto head of household for the past four years. As the sole caretaker of seven children ranging in ages from one to fourteen, Harris often grew exasperated, such as a fall day in 1864 when rain kept everyone inside. “Their noise and confusion and the trials that I see in the future have made me a miserable day. I have felt crazy.” She struggled daily to meet their interminable needs; she internalized their worries. “The children all and each have their cares and anxieties and theirs are mine, consequently, mine are multiplied day by day. Will it continue so to the end?” Management of ten slaves, who became more impudent and troublesome as the war progressed, also took its toll. Harris, like other female slaveholders during the war, reluctantly took up the male task of meting out slave punishment. “It is a painful necessity that I am reduced to the use of a stick.” Harris also managed a 500-acre farm near Spartanburg, 100 acres of which was cultivated, and faced unfamiliar decisions like whether or not to butcher some hogs or how to obtain the necessary labor to harvest an abundant oats crop. Never far from her mind was the well-being of her soldier-husband, whom she could only surmise was “somewhere miserably cold, wet, and comfortless.” In the final months of the war, rumors of the Union army approaching Spartanburg left her anxious and fearful: “We are all in a dreadful state of excitement, almost wild.” On her worst days, the strain of being a single parent in a war zone made life
unbearable. “It has been impossible for me to sit or be still or do any quiet thing today. I am nearly crazy. . . . Distress and anxiety prevails everywhere. . . . My soul is weary.” No wonder Harris, at times overwhelmed by the demands of family and farm, anxious about her husband’s welfare and safety, and facing the uncertainty, flux, and hardships wrought by war, fantasized about one of the few escapes from such desperate and trying times: death. “There is no pleasure in life and yet we are not willing to die. I do not know how it might be but I feel like I should welcome the *Messenger* if it were not for those who need my services.” Battling depression and anxiety over the course of the war, she had begun to feel as if she were slipping into insanity. “It is a dark doom to dread.”

Emily Harris’s experiences with depression, stress, and anxiety during the Civil War were neither unique nor unusual. Feelings of despair, frustration, and foreboding plagued many Confederate women on the homefront at one time or another. Confederate women faced an extraordinary set of pressures throughout the war. At minimum, they experienced significant disruptions to routine, were overburdened with multiple roles (many for the first time), and faced severe economic hardships and deprivation. Many were displaced from their homes, cut off from their social and kin networks, and worried about the safety of loved ones in the military and civilians who stood in the path of the enemy. Southern women faced invaders, marauders, deserters, and common thieves without the protection of male kin. They struggled mightily to manage households, provide for the welfare of children and extended family members, operate a farm or business, and control a slave labor force. The war unleashed emotional stressors that sapped the psychological well-being of many and depleted the coping resources of others and pushed some, like Emily Harris, to imagine death as the only way out.

The pressures women on the homefront faced differed from those of their menfolk who had taken up arms. While living in a war zone generated new stressors for women like Harris, the war added to or exacerbated familiar, mundane pressures, most related to child-rearing and childbearing, which compounded feelings of helplessness or being overwhelmed. Women’s emotional suffering differed from that of soldiers, though to be sure there was overlap of shared gender-neutral pressures, like the outcome of the war, grief from deaths of loved ones, and worries about survival and safety. Women’s experiences with suffering differed from soldiers’ in another respect. Far fewer of them appear to have taken their lives. Whereas soldiers were more likely to act on their suicidal impulses than women were, and with deadlier results, women tended to articulate their ideas about self-harm—in diaries, in letters—but did not act on them to the degree men did. Women, more than men, fantasized about death or expressed death wishes. Moreover, when Con-
federate women did engage in suicidal behavior, the result was likelier non-lethal. Importantly, Confederate men seemingly killed themselves at a higher rate than women did, but women appear to have been much more engaged in contemplating death as an exit from their suffering, even if they did not follow through.⁴

The Lost Cause generation, which hijacked the official history of the Confederate homefront, is to blame for stymying a thorough and fulsome analysis of varied women’s experiences during war, one that took seriously the emotional wartime suffering of women. War participants and Confederate sympathizers crafted the earliest treatments of women during the war, constructing a historical account that venerated and lionized white women’s heroic efforts and sacrifices for the Confederate cause. The narrative of the mythic “Confederate angel” acknowledged that white women suffered from the demands of war but praised their efforts and their resiliency. Jefferson Davis’s postwar tome on the history of the Confederacy, to cite just one example, began with a paean to “The Women of the Confederacy,” whose “fortitude sustained them under all the privations to which they were subjected.”⁵ Civil War actors in later years recounted the vast suffering of the wives and mothers of Confederate soldiers but insisted they emerged intact. General Matthew C. Butler of South Carolina, in a tribute to the region’s women, tallied up the numerous degradations and sacrifices Confederate women endured. The suffering of soldiers paled in comparison to the “anguish” borne by their womenfolk: invading armies, rude occupiers, failure of a cause, poverty, desolation, deaths of loved ones, forebodings about the future, dismal prospects. Yet they “bore it all with surpassing heroism” and herculean displays of “fortitude, courage, and devotion.” He ended, “All honor, all hail, to woman’s matchless achievements.”⁶ Southern white women ably managed the homefront—supporting families, caring for the sick, supplying the armies, sewing, tending farms—without faltering. “God gave her courage, fortitude, and strength to bear her privations, and bereavements, and live.”⁷ After the war in many quarters of the former Confederacy, an embellished image of valiant womanhood emerged and endured, one that emphasized qualities like resilience and courage, normally masculine traits.

Paeans to Confederate women heralding their wartime heroics continued well after the end of the war in the mythology of the Lost Cause. As Mississippi planter Thomas Dabney wrote to his daughter Emmy in 1879, “Of all the principles developed by the late war, I think the capability of our Southern women to take care of themselves was by no means the least important.”⁸ Lionizing the contributions and experiences of Confederate
women blossomed into a booming cottage industry following the war. The Lost Cause generation memorialized women’s wartime efforts, trumpeting the courage, selflessness, fortitude, and dedication displayed by those left on the homefront largely as a way to valorize the Confederate cause. Phoebe Yates Pember, who worked as chief matron at Chimborazo Hospital in Richmond during the war and who, like so many of the region’s women, penned an account of her wartime experiences, observed: “In the course of a long and harassing war . . . no appeal was ever made to the women of the South, individually or collectively, that did not meet with a ready response.” Louise Wigfall Wright summoned up the image of the stalwart Confederate mother whose heart “beat and throbbed with pain and anxiety” for her soldier-son but who nonetheless refused to surrender. “Such women as these were the rule, not the exception.” Indeed, Wright, like so many other elite Southern women, boasted that Confederate women had shown greater strength than men: “The women of the South, were, if possible, more indomitable in their courage than the men!”

The canonization of homefront women by the Confederate wartime generation shaped the popular narrative for decades. Insolent New Orleans women dumped chamber pots from balconies onto Union soldiers below. Defiant “secesh” ladies scolded invading Union troops, chasing them with brooms from their homes. Heartbroken mothers cradled dying sons but remained spirited and dedicated to the Southern cause. Universalizing the defiant, fearless, and persevering attributes of Confederate women during the war and glorifying white Southern womanhood helped ease the pain of loss and venerate “the cause.”

Legions of tributes to Southern white women’s unfailing work and support of the Confederate cause both reflected and shaped the collective memory of the region, but also informed much of the subsequent scholarship on white women of the South. Mary Elizabeth Massey’s Bonnet Brigades was one of the first, if not the first, full-length treatment of the impact of the Civil War on women, in both the North and the South. Massey covered well the hardships suffered by women on the Confederate homefront, yet she, like the Lost Cause acolytes, heralded their inner strength. Massey’s coverage of Margaret Junkin Preston’s wartime experience illustrates the veneration of women so common in the Lost Cause literature. The Pennsylvania-born woman had married a Southern widower, John Preston, a professor at Virginia Military Institute. During the war, Preston had much to worry about. Her brother served in the Union army, and her husband was an officer in the Confederate army. She lost two stepsons during the war, and another who returned an amputee. Brother-in-law Stonewall Jackson was killed in action. Preston was left alone to care for small children and stood by as her home was pillaged by
invading forces in 1864. Preston was, in Massey’s eyes, a typical Confederate woman—long-suffering and hardworking, but resilient. “Thousands of other women endured as much.”13 Anne Firor Scott, too, in her pathbreaking work *The Southern Lady*, fixed on archetypal Confederate women who showed great pluck and toughness in taking on new roles during the war. Kate Cumming was a “strong woman” of great “fortitude” who showed “an astonishing capacity to endure physical hardship.” While Scott acknowledged there was no single response to the war’s demands, she heralded the new experience of self-sufficiency for women, which she believed opened “the door a crack to the ‘strong-minded’ women.”14

The plethora of works on women and the Civil War in the past couple of decades has moved beyond celebratory treatments of Southern white women and complicated their experiences on the Confederate homefront. Collectively, this scholarship—including works by Catherine Clinton, Drew Gilpin Faust, LeeAnn Whites, Thavolia Glymph, and Stephanie McCurry—demonstrates that white women of the South did not conform to some monolithic, idealized superwoman vision of womanhood. Some women faltered while others rose to the challenge. The loyalty of some Confederate women took a hit as the war dragged on, while others clung tenaciously to the doomed cause.15 This chapter, building on this rich scholarship, further complicates Southern white women’s experiences during the war by focusing on those who staggered under the weight of added responsibilities, collapsed in the wake of grief and loss, and sought to escape a gloomy future through death. By exposing a wider range of experiences on the homefront that includes those who suffered emotionally and psychologically, a fuller accounting of the human cost of the Civil War becomes possible.

Letters, diaries, and asylum records bulge with Confederate women who struggled with myriad feelings of depression, anxiety, and stress brought on or exacerbated by war.16 Their symptoms ranged from what might be considered “normal”—women expressing or exhibiting manifestations of emotional fatigue (like insomnia or anxiety) or psychological frailty but were able to cope on a day-to-day basis—to those extreme or chronic conditions that required institutionalization or resulted in suicidal activity. While statistically few Southern women entered asylums or took their own lives, quite a few found the war taxed their constitutional capacity to carry on and interfered with their ability to function. In contrast to the images of the resilient, irrepressible Confederate women who appear in Lost Cause testimonials, these women fell apart in the wake of war-driven suffering, loss, and despair, their ability or willingness to persevere forth eroded.

Among the most severe cases of wartime trauma on the Confederate homefront were those women who contemplated or engaged in suicidal
behavior. Incidents of suicide had occurred, of course, before the Civil War. But the experiences of war—the exodus of hundreds of thousands of white men, material destruction, invading armies, dislocation, death, economic hardship, and scarcity—greatly increased the emotional suffering of those on the homefront and pushed many beyond their psychological limits. What emerges out of the Civil War, consequently, is an outbreak of female suicidal thought and activity that is recorded in diaries and letters, newspapers, and patient case histories of asylums throughout the South. Quite a few Confederate women, like Emily Harris, merely talked about death as an escape from their personal trials. Some moved past talk, though, and attempted or effected suicide. In peacetime, select groups of women, widows, and young mothers, especially those of the poor and middling classes, at times had struggled to survive. The war compounded the very conditions that made women most vulnerable—loss of husbands, either temporarily to the army or permanently to death, and increased economic hardship—and chipped away at social networks that struggling women traditionally had learned to rely on in bad times. With fewer options for survival, some of these white women in the wartime South entertained self-murder.

Acknowledging the emotional fragility or suicidal behaviors of Confederate women should neither detract from nor negate the many accounts of Southern white women who coped well under duress. Some even excelled. Required to jettison cultural and gendered baggage of the antebellum days, Southern white women largely demonstrated self-sufficiency, resiliency, and confidence in exercising unfamiliar tasks and handling new expectations in wartime. Despite Emily Harris's private protestations of inadequacy and feeling overwhelmed, or even teetering on the verge of a breakdown, she performed admirably well by any measure, including that of her husband. When David Harris returned home on leave in February 1863, he begrudgingly confessed: "I find that my better half has made me a good superintendent in my absence. She certainly has done as well as one with her experience could do. Much praise is due her." Confederate songs, broadsides, and poems praised women's efforts during the war, citing their patriotism, their sacrifices, and especially their strength and fortitude. While much of this exaltation of white women's efforts on the homefront can be understood as jingoistic nationalism, stalwart, resourceful women did successfully run female-headed households. Confederates like Charles Minor Blackford, a captain in the rebel army, extolled the virtues of their womenfolk, whom he credited with accomplishing herculean tasks. He recognized what many other Southerners did: that women were holding the homefront together and supporting the war effort, allowing menfolk to depart for the battlefront. "How much is it possible for the men of a country to be subjugated when the women show so much
All . . . are engaged everywhere in unceasing labor, plying the busy needle, handling the constant shuttle, twirling the ceaseless wheel, nursing the sick, watching the dying or binding the wounded limb. . . . This is the age of heroines.” Lost in contemporaries’ efforts to deify women’s support of the Confederate cause, however, were those women who did not fare so well, who faltered under the weight of the added stress and responsibilities, the un-heroines.

Despite early exuberant support for the Confederate cause, Southern women soon braced themselves for the inevitable personal toll the war would take on their own and their families’ lives. The legendary stoicism of Confederate women belied a collective anxiety that became more difficult to conceal as the war progressed and defeat appeared likely. Texan Louise Wigfall Wright confessed that appearances of calm masked grave concerns: Confederate women “kept brave faces and spoke brave words to cheer each other, though there was gnawing anxiety tugging at our heart strings day and night for our noble armies in the field, and deadly fears for the loved ones exposed to hourly danger.” Apprehension and nervousness gripped those left behind on the homefront and continued during the war. Worries generated by the war ebbed and flowed according to local conditions, individual circumstances, and national news, but women on the Confederate homefront fretted a great deal. Only one year into the war, Sally Baxter Hampton, the New York–born wife of a South Carolina planter and a new mother, acknowledged her depression over the “wreck and ruin of our great country,” conceding that her “severe mental suffering prevents both mother and child from gaining strength.” Virginian Catherine Barbara Broun’s diary entries speak to both the depths and the pervasiveness of despair: “We all feel distressed. The suspense is terrible. . . . Annie Lee is weeping. Katie Bailey looks pale and serious.” Later in the war Broun noted, “I have been more unhappy than I have ever been in my life.” Some women complained of experiencing “nervous attacks” or “histeria,” which grew more frequent as the war dragged on. A few confided they might be going insane. South Carolinian Emily Harris repressed her feelings of worry and grief throughout the war; it had been her duty, she explained, to “shut up my griefs in my own breast.” By 1864, she began to openly question her efforts. “Life is not desirable for life’s sake.” Virginia resident Mary Greenhow Lee agonized that she was becoming “completely unhinged” and “completely broken down mentally.”

Nearly all white Southern women had a family member or friend serving in the military, heightening the anxiety level. Mary Jeffreys Bethell of Rockingham, North Carolina, sacrificed two of her sons to the Confederate cause, one of whom spent two years as a prisoner of war, so personal suffering contributed to her despair when she wrote in 1862: “I feel sad and gloomy
today. These times of trouble do try my faith. . . . Darkness and gloom surrounds me. . . . Our country is invaded by the enemy. We have heard of many bloody battles. Thousands have been hurried into eternity."31 The private confessions of Confederate women speak to the emotional impact of the war, which pushed some white Southern women to their emotional limits and precipitated, or was believed by those around them to have precipitated, serious breaches of mental health.

Another measure of the psychological toll on Confederate women was the number of women entered on the admission rolls of insane asylums throughout the South. Patients admitted to asylums at mid-century were deemed “insane,” a catchall diagnosis in the nineteenth century that signaled extremely aberrant behavior that proved uncontrollable or that posed a danger to patients or those around them.32 Before the onset of war, the supposed causes of women’s “insanity” included desertion by husband, death of a child, domestic trouble, menstrual suppression, ill health, and sexual derangement, to name a few. By late 1861 and continuing throughout the war years, asylum attendants began attributing patients’ insanity to the war-related causes. “The war,” “alarm,” “political excitement,” “overtaxed energies,” and “loss of property” appear regularly in patient records as the causes of insanity.33 For example, asylum caretakers in January 1862 admitted thirty-seven-year-old Mary Eason, a single woman who ran a boardinghouse in Charleston, into the asylum in Columbia and believed “excitement about the war” had hastened her four-month-long bout with “depression of spirits” accompanied by suicidal ideation. “She wishes to be shot.”34 Elizabeth Moore, also suicidal, landed in the same asylum shortly after the start of the war. The fifty-year-old unmarried woman tried to kill herself several times during a bout of “melancholy” thought to have been brought on by the war.35 “Fright” occasioned by “war news” depressed seventeen-year-old Ida Murchison, who was admitted to the South Carolina insane asylum in August 1863. Asylum officials remarked that the North Carolina teen had become irritable and a “little excited at the report of soldiers.”36

For those women deemed emotionally frail or suffering from mental illness in the years leading up to the war, the war further taxed their limited coping resources. In many cases, the war and the stressors it produced unleashed psychological breakdowns of women already teetering with insanity. As a teen, Laura Ann Turnipseed of Columbia, South Carolina, had contracted typhus, after which she developed signs of mental instability. Turnipseed later suffered from a “diseased womb” that manifested in worsening symptoms during menstruation. More recently, the doctor noted, “the excitement and anxiety caused by the present war,” as well as some “religious impressions,” “culminated [in her] insanity.” Her elderly, poor parents, greatly
distressed over their daughter’s condition and unable to control her, had confined her to a room, one that lacked even a fireplace. A physician described Turnipseed’s behavior as manic—continually talking and “tearing everything she can get hold of.” The excitement of the war further agitated a psychologically fragile twenty-seven-year-old woman to the point that her aging parents could no longer care for her and sought to have her institutionalized.37

The greatest challenge to the emotional well-being of those left at home came with the mass mobilization of men. Scholars have established that the Civil War constituted a crisis in gender, an acknowledgment that the requirements and exigencies of war and its aftermath destabilized traditional gender roles and relationships.38 Southern white women, steeped in the patriarchal slaveholding South, had been socialized to play the role of subordinate, dependent helpmate; genteel, pious, self-sacrificing, deferential, and demure, Southern white women, especially of elite and middle-class status, traded compliance and devotion for their husbands’ and fathers’ protection and support. They managed the activities of the household, arranged social visits, called on neighbors, and entertained guests. They engaged in letter writing, journal keeping, and embroidery, activities of leisure afforded them by slave labor. It was an arrangement few women of the antebellum South challenged.39 Men, for their part, managed plantations, farms, and business enterprises; they supervised slaves and overseers, maintained the ledger books, and kept apprised of the going rates for cotton. White men represented their families on Election Day, sued in court, and negotiated deals. Gender conventions were, of course, merely the ideal. Not every white Southerner conformed to these gendered expectations.40 Nevertheless, the Civil War shattered these traditional gender arrangements, as well as the cultural assumptions that undergirded them.

The protective umbrella of paternalism that many imagined shielded white women from external threats and pressures while providing for their necessities was withdrawn throughout the war, despite much rhetoric insisting that Southern men went off to war in order to protect (white) women.41 For some elite Southern women, the expansion of gender roles necessitated by war presented opportunities to showcase untapped reserves of autonomy and self-sufficiency. White women found themselves managing plantations, farms, and businesses. Overnight women became “planters, millers, merchants, manufacturers, managers.”42 As the provisional heads of household, they inherited important decisions, some mundane or routine, like whether or not to fire an overseer or hide livestock from impressment agents, but others weightier and difficult: Should they abandon their homes to seek refuge inland? Should they shift production from staples like cotton to foods like wheat and corn? Should they sell valuable family heirlooms to buy staples? In
short, the war required Confederate women to take up unfamiliar, uncomfortable “male” tasks, a breach in the traditional arrangement of gender roles. Moreover, the alien tasks white women inherited obviously came on top of established domestic duties, which in some cases had multiplied with the departure of slaves seeking refuge behind Union lines. Because of war, the workload of Confederate women grew enormously.

Confederate women, cognizant of the ramifications of the exodus of male kin, lamented their departure. Women bemoaned the loss of companionship and pined for their absent loved ones. North Carolinian Mary Jeffreys Bethell grew despondent after husband George left: “My dear George left me last Monday. I felt very sad after I left him. I have been sick several days. Depressed and cast down.” Bemoaning the absence of male family members during wartime was not unique to Civil War–era women, but women like Bethell had been ill served by the promise of paternalism that cruelly taught them to rely on men for protection and sustenance. The withdrawal of men sent many white women reeling. As historian Drew Gilpin Faust observed, when “male protection had disappeared, female dependence had proved far too costly and too painful.”

For many white Southern women after the war, involuntary wartime dependence and helplessness forged a new consciousness and determination to never fully rely on male support again. Not all women, especially those of the lower classes, adjusted to wartime conditions without the presence of male heads of household. Quite a few Confederate women lapsed into deep depressions or became consumed with anxiety.

The withdrawal of men, either to service or as the result of death, left many Southern white women lacking confidence in their abilities to perform male tasks and unable to cope with the mantle of family responsibility and leadership, leaving quite a few Southern white women to approach their new role as household head with trepidation and apprehension. Emily Harris choked up when she and her children said good-bye to her husband, certainly because they were going to miss him. Harris’s very next journal entry after his departure, though, betrayed deeper concerns, uncertainty, and a lack of confidence: “I wish he was here to tell me whether to have some hogs killed tomorrow or not.” Throughout the Civil War, Harris, her physical and emotional stamina stretched taut, struggled with doubts about her ability to manage both family and farm, often expressing feelings of exasperation and depression. “A load of responsibilities are resting upon me in his absence.”

Particularly vexing for women of the slaveholding class was the wartime management of slaves, long the purview of men in the antebellum South. Emily Harris regularly complained about non-compliant, malingering, thieving slaves in her husband’s absence. In July 1864, Harris caught Old Will stealing eggs. Slaves like Old Will quickly divined the implications of the new war-
time household arrangements and challenged mistresses regularly. “He steals and lies and disobeys all laws with the utmost impunity.” Some slave-owning women hired overseers to help for the duration of the war, but in Emily Harris’s case the overseer came with his own problems, perhaps sensing, like her slaves, an opportunity to take advantage of a woman left on her own. Harris’s sixteen-year-old daughter, Louella, noted that they had hired an overseer in an effort to alleviate the troubles that had been “weighing Mother down,” but to no avail.

Mary Jeffreys Bethell’s wartime diary, like Harris’s journal, teems with confessions about depression and anxiety after the departure of two sons and a husband. Bethell faced new obligations and challenges, including overseeing three ill slaves in the absence of her husband. “I think Cinda’s baby will die, at least it is bad off.” Then, without skipping a beat, she wrote, “My dear husband has not returned yet.”

Unrelenting needs of children, slaves, and farm or plantation piled up on top of worries about the war, in particular, apprehension about the safety and well-being of male relatives. Dread about news of a husband’s or son’s death consumed the living and even sleeping moments of many Confederate women. A dark cloud of uncertainty hovered over farewell scenes throughout the Confederacy, like that of Mary Jeffreys Bethell, who bid adieu to two sons. Her words reflected the sentiments of women throughout the Confederacy: “I feel very sad in parting with my precious child. I may never see him again.” Poor or spotty communication exacerbated the uncertainty, heightening the anxiety of civilians. Bethell wrote a year later: “I feel concerned about my dear boys. I do not know but they may be killed or wounded.” Months and years of waiting for word took their toll on Bethell’s emotional well-being. “I feel anxious to hear from the battle to know if my boys are hurt. . . . This suspense and anxiety of mind is very unpleasant.” In May 1862, she believed son Willie’s unit had taken part in battle near Yorktown and heard his company had suffered greatly. “Oh my heavenly Father, help to bear this great trial. I am so concerned about my dear boy. I do not know what the situation is. . . . Oh! The suspense of mind is so unpleasant. I never had such trials before in all my life.” Willie survived, though he landed in a Richmond hospital wounded.

Emily Harris exemplified the constant state of concern that enveloped Confederate wives when she acknowledged that a soldier’s wife “cannot be happy in bad weather or during a battle.” Cold or rainy weather prompted Harris to wonder about her husband’s conditions: “Threatening rain. Is my husband sheltered?” News of fighting on James Island, where David Harris was stationed, occupied her last waking thoughts one evening: “I feel very anxious, but what should I do?” Jane May, who had not heard from her husband, John, a private in the 12th South Carolina Volunteers, shared Harris’s anguish. “How can I stand it because I do no [sic] [if]
my dear husband is suffering[,] that is if he is not dead before now.” May hinted that her life would not be worth living were he to die in battle. If “my dear good husband is taken away from me then oh then what have I to live for. my all will be gon if he is taken away from me. what would I live for then, oh this world of trouble.”

The pressures of having male kin in the military, while extremely stressful, appeared not to cost Bethell and Harris their ability to function. Others were less fortunate. Some wives and mothers of Confederate soldiers became so consumed with worry about the welfare of menfolk, and by other external pressures of living in a war zone, that they became incapacitated. Records of Confederate women admitted to insane asylums during the war years provide important evidence that not all white Southern women possessed sufficient emotional fortitude to weather the life-altering challenges posed by war.

As with institutionalized soldiers, medical caregivers often seemed unmindful that women entered their facilities with conditions either emanating from or exacerbated by the circumstances of war. Admitting personnel relied on a patient’s family members to convey relevant family and medical histories, critical to determining a diagnosis. Laypeople possessed little understanding of direct and indirect causes of psychological maladies, so they likely overlooked key events or circumstances tied to the war that might have made a causal connection more apparent to caregivers. Because medical caregivers, too, lacked a modern understanding of the etiology of mental illness, their attributions of causes have to be viewed cautiously. Occasionally, a war-related influence would appear as a “cause of insanity,” such as “loss of property” or “excitement about the war,” but in other instances, obvious personal ties to the war, namely a husband’s enlistment in the army, might go entirely unnoticed.

Patient histories recorded at the asylum intake session offer clues about the war-related triggers of Southern women’s psychiatric ailments, but because caregivers lacked a full understanding of the link between traumatic or stressful experiences and aberrational behavior, pertinent information related to a patient’s condition might be overlooked or dismissed simply because it was not deemed important. Occasionally, the enlistment or conscription of a husband was noted as the cause of a Southern woman’s mental breakdown, but just as commonly that fact might be overlooked in the patient histories of insane asylums. Just because a patient history made no mention of a husband’s departure to the front, however, does not mean it played no role in a Confederate woman’s psychological collapse. The case of Lucinda Fuger is instructive. Fuger entered the asylum in Milledgeville, Georgia, in December 1861. Fuger’s case history indicates no known cause of her
affliction, yet the record also notes that her husband was serving in the army in Virginia at the time of her hospitalization. No one linked her mental illness to his service. Fuger died six months later in the asylum. More extreme were the cases of Confederate women who killed themselves over an absentee husband. A nineteen-year-old New Orleans woman, married just two years, ingested a lethal dose of morphine after merely dreaming her husband had been killed in battle. The cause of Mary Alford’s suicide in 1864 is unclear, though friends had been concerned about her showing signs of “insecurity,” a vague diagnosis for sure. Husband Frank, a lawyer from Norfolk, enlisted in a Virginia heavy artillery unit in March 1862, but took ill shortly thereafter and was hospitalized in Richmond for at least six months. In December, he received a medical discharge for chronic hepatitis. At the time of her death, Mary Alford resided with her widowed father in Richmond, probably to be closer to her ailing husband. The link between Mary Alford’s husband’s military service and serious illness and her decision to hang herself is tenuous—the newspaper account ventured no cause of the rash act—but the stress of her husband’s service and his declining health as a result is one possibility.

War and the transformed domestic world Confederate women inhabited compounded the routine stress they experienced as mothers and wives, taxing some women’s emotional and psychological capacities and making it difficult to operate normally. Those most susceptible to psychiatric breakdowns, including suicidal behavior, were the region’s young mothers. A glimpse inside the walls of Georgia’s insane asylum during the war years substantiates the impression that young Southern white mothers were among the most adversely affected psychologically by the Civil War. A total of thirteen suicidal women were admitted into the asylum in Milledgeville from April 15, 1861, to April 14, 1865. Of those, eleven, or 85 percent, were married or widowed. Eight of those eleven female patients had children aged ten or younger.

Several reasons account for young mothers’ susceptibility to suicidal behavior and institutionalization during the war. First, mothers of young children in wartime Georgia likely were married to men who enlisted in the army and thus suffered the loss of their husbands’ emotional and material support. Second, female patients had large families, which added significantly to their burden. Six of the institutionalized married women or widows had at least five children; two had nine children (one forty-eight-year-old woman had fourteen living children). Like Emily Harris, who grew weary after taking on her soldier-husband’s obligations and jobs in addition to caring for her large brood, these women faced familiar and not-so-familiar domestic and parental burdens that were compounded by the strains of war. Even when husbands remained in the household, the added emotional and material
demands placed on white Southern mothers jeopardized the mental health of many. Twenty-seven-year-old Susan Gaines had suffered from a psychological ailment for five years, but it was not until the war years that her condition worsened and required hospitalization. The mother of three, who had been married just six years, talked of suicide.52

Older mothers with large families also fell victim to suicidal impulses during the war. Forty-eight-year-old Virginia King of Georgia went further than Gaines when she attempted to drown herself in a small creek near her home. The attempt punctuated several months of insanity and played no small role in her institutionalization in October 1862. The mother of fourteen living children, the youngest of whom was three, was prone to becoming “vexed,” in which state she would “strike persons when opposed.” Caregivers made no mention of the war or the extra stress that it produced as possible causes, although she had four military-aged sons, at least one of whom served in the war, which would have added to her emotional burdens.63

Family and community members sometimes failed to identify anguished mothers as dangers to themselves or their children or, if they did, failed to take adequate precautions. Thirty-one-year-old Louisa Wilson of North Carolina had little opportunity to grieve the loss of a two-year-old son in December 1862, as an ailing husband and two other sick children, one of whom was on his deathbed and likely to die like his younger brother, demanded her attention. In what one might very well imagine was a moment of utter despair and exhaustion, while family members slept, the Quaker woman retreated to the outhouse, where she cut her throat with a razor and died. The newspaper account speculated that “troubles falling so suddenly upon one so tender at heart” resulted in “momentary insanity,” causing Wilson to end her life.64

Women of childbearing age also were vulnerable to psychiatric collapses due to postpartum depression that afflicted women after the births of children, which may have accounted for some of the most severe wartime cases of mental illness among Southern women, including suicide. Four of the suicidal women admitted to the Georgia asylum during the war had a child under age eighteen months. Nineteenth-century physicians treating childbearing women had a vague notion that mental illness could be precipitated by any number of conditions related to reproductive health or nursing. An antebellum treatise on puerperal insanity, reflecting widespread belief among physicians and asylum keepers, posited a strong connection between a woman’s “organs of reproduction and the great nervous centres.” Puerperal insanity presented as manic or depressed behavior. Symptoms included a rapid pulse, want of sleep and rest, irritability, talking incoherently, anxiety, and often a “disposition to self-destruction” and “carelessness as regards the infant.”65 In
other words, these women posed a risk to their own and their newborns’ safety. Asylum officials therefore routinely asked pointed questions about women’s menstruation, pregnancy, and childbirth history upon admission in order to aid in diagnosis. So when newly married Martha Hodges, a twenty-year-old Macon resident, showed signs of “derangement” a week after the birth of her first child, doctors ascribed it to the influence of “the puerperal state.” The onset also corresponded with the outbreak of war and husband Brantley’s enlistment into the Georgia infantry, so the young mother and wife faced not only the new role as mother all alone, but saw her husband leave her side, while suffering a debilitating psychological attack of postpartum psychoses that likely contributed to her suicidal threats and at least one attempt to drown herself.

Postpartum depression existed outside of a war setting; Southern white women suffered from its effects well before the Civil War, but the condition rendered young mothers, many sending their husbands off to war, particularly susceptible to even greater debilitation. Postpartum depression is a common condition experienced by about half of all women who give birth. Believed to be linked to hormonal and/or biochemical changes in a woman’s body after she delivers, postpartum depression can cause some women to become despondent and suffer from mood instability, feel inadequate, have difficulty sleeping or concentrating, and experience loss of appetite. Psychological symptoms in parturient women, those having recently delivered babies, can range from mild to severe, from benign and transient, to severe and long lasting. Postpartum psychosis, the most severe form of mental illness afflicting new mothers, presents far less commonly, affecting only one or two women in one thousand, and is usually characterized by delusions or hallucinations. In the United States today, approximately 10–20 percent of women giving birth experience a severe form of nonpsychotic postpartum depression that may include suicidal thoughts or impulses to kill their infants. Only occasionally do patients in nineteenth-century Southern asylums appear likely to have been suffering from extreme manifestations of postpartum complications.

The peripartum stage, the period including the last month of gestation and the first few months after the delivery, renders new mothers susceptible to depression and mood disorders. And while the underlying causes of postpartum depression or psychosis can be linked to the hormonal or biochemical changes in a woman’s body, environmental factors, such as stress or lack of support, can exacerbate the depressive state. Recent studies of postpartum depression conclude that under conditions of significant stress and inadequate support, as in war, mothers are at higher risk of experiencing postpartum depression or even more severe symptoms. In the nineteenth century, a British
asylum physician remarked how “epochs of national excitement,” such as invasion and political instability, precipitated a rise in cases of puerperal insanity in France. Many childbearing women in the South faced these same conditions: extraordinary stress, absence of husbands, and a disruption of social networks of support upon which nineteenth-century women relied during periods of pregnancy and childbirth. Given current knowledge about postpartum depression and psychosis, young women giving birth during the war, already susceptible to depression and mood instability, and deprived of essential social support, would have been in grave jeopardy of experiencing more frequent, more severe, and longer-lasting symptoms. Asylum caregivers, though, nearly always privileged a woman’s reproductive condition as the primary or sole cause of her mental illness, while ignoring the context of war as playing any role at all.

Take the case of Sarah Fletcher who had given birth to ten children during her marriage to a Georgia farmer. In 1849, she lost an infant at age three months, which was believed to have affected her “mind.” Whether or not her compromised mental state was attributable to grief over the death of an infant or postpartum psychiatric activity is not known, but she recovered and, by and large, remained generally healthy through 1862, when she “ceased giving any attention to the domestic affairs” and “took to bed.” She also made suicidal gestures, insinuating she might stab herself or jump into a well. Fletcher had given birth in late 1861 to another child who had also died. Grief or postpartum depression or both likely diminished her mental health. It is not known whether her husband remained in the household during the war or whether his possible absence contributed to her emotional debilitation. Would Sarah Fletcher’s reproductive and grief-related mental illness have landed her in an asylum in the absence of war? Would her symptoms have escalated so dramatically were it not for war? Mothers like Fletcher, prone to postpartum psychiatric disorders, certainly fared worse under the added pressures engendered by war—scarcity, fear, homelessness, death, anxiety, loneliness—which almost certainly played a role in her declining mental health and subsequent institutionalization. Like so many Southerners struggling with psychological disturbances during the war, postpartum women faced internal pressures, likely rooted in body chemistry, as well as external war-generated pressures, such as the absence of their husbands at stressful life events.

Many white Southern mothers faced multiple and overlapping personal crises, some brought on by war, some not, which contributed to serious psychiatric problems. Left to manage households alone, perhaps presenting with postpartum symptoms and/or grieving the loss of children, Confederate wives now faced the crises wrought by war, such as worry about the welfare
of soldier-husbands or sons and, for some, the invasion of an enemy army. Forty-year-old Winnie Gladden, a native of Walker County, Georgia, had a complicated medical history that included postpartum depression and the deaths of two young children. Child mortality was quite high at mid-century, and so the death of children was an all too familiar scene in American households. Frequency of child death, though, did not inure Southern women to the loss of children. Nineteenth-century Southern women cultivated intense bonds with their young children, probably because of their relative isolation and access to few outlets other than home, so white Southern mothers invested a tremendous amount of emotional capital in their children. Many mothers suffered terribly and inconsolably when faced with their children’s untimely deaths. Higher fertility rates and earlier marriage ages in the South meant that Southern women risked and suffered more child births and deaths than their Northern counterparts, even though child mortality rates appear to have been constant throughout antebellum America, North and South. The multiple child deaths that Winnie Gladden and Sarah Fletcher experienced, then, occurred routinely in the mid-nineteenth century. What was not routine, however, were the exigencies of war that compounded a mother’s grief and postpartum depression, such as the invasion of enemy troops, which laid waste to Gladden’s home. Overwhelmed by the psychological strain, Gladden arrived at the Milledgeville asylum in spring 1866 after having suffered throughout the war. Husband Elias Gladden, gone for much of the war, left his wife to run the Gladden household, which included seven children. Gladden also gave birth late in the war to her final child, after which she suffered a complication called “milk leg,” a condition characterized by painful swelling of the legs and inflammation of the femoral veins. The condition left her “low for some time.”

The common sources of psychological instability for childbearing women in the antebellum era—grief for dead children, reproductive-related depression or psychoses, absence of husbands—constitute the first layer of underlying causes of mental illness for nineteenth-century women. With the onset of war and the added burdens of absent husbands and material challenges to mere survival, many bereaved Confederate women were pushed beyond their capacity to manage all that Southern society in wartime expected of them. Husbands who departed for the front deprived their wives of crucial support when they lost children, leaving an emotional vacuum. Ella Gertrude Clanton Thomas described how important her husband’s presence was to her when an infant died. He took on the mundane but necessary tasks of securing a coffin and arranging for a grave to be dug. Most importantly, he sustained her through grief. “He has shown the greatest possible kindness and sympathy and done everything in his power to alleviate my grief.” Wives
of Confederate soldiers lost an indispensable source of personal sustenance in what was one of the great challenges for parents, burying a child. Henrietta Passmore from Macon, Georgia, grieved the loss of children against the backdrop of war. She suffered the devastating blow of losing both of her small children, the youngest born in late 1862. By 1864, Passmore was deemed insane. The war—“loss of property” and the “general state of the country”—contributed to her poor emotional health. Yet more personal exigencies of war, on top of her grief, undoubtedly played a role in Passmore’s mental decline. Her husband enlisted in May 1862 but returned home in September on furlough because of illness. Henrietta Passmore thus added a convalescent husband to her already numerous domestic responsibilities. In January 1863, Abner Passmore procured a substitute, presumably because of his poor health, but perhaps it was his wife’s health that was more of a concern. Later that year, Abner was drafted despite purchasing the services of a replacement. While caregivers conceded in general ways the impact of the war on Henrietta’s mental state, no mention is made in her personal history of the detrimental consequences of war on the Passmore household, including her husband’s withdrawal from the home, his illness and the nursing demands it placed on her, and the turmoil of believing her husband had found a way to avoid military service only to have him removed once again. Henrietta Passmore, left alone to care for two babies in a war zone and, quite possibly, to watch them die without the emotional support of her husband, then saddled with the care of an ailing husband, crumbled under the weight of the personal costs of war.\textsuperscript{79}

Trapped in a downward spiral during the war, some women saw the appeal of suicide as an escape from emotional pain and suffering. Suicidal ideation plagued Mary Baker, another Georgia woman, who suffered debilitating psychological difficulties requiring her admission to the state asylum just weeks after war was declared. Although the presence of multiple triggers complicates efforts to sort out which events hastened her decline and which served as precipitating factors, Baker, only twenty-two years old when war broke out, experienced at least two bouts of postpartum depression following the births of children in December 1859 and February 1861 that were accompanied by suicidal thoughts. Postpartum depression likely contributed to Baker’s “disordered” state of mind, but the death of an infant previously may have weighed on her as well. Baker’s admission to the asylum in April 1861 suggests the timing was connected in some way to the outbreak of war and the departure of her husband, Benjamin, who enlisted in the Georgia cavalry.\textsuperscript{80}

The war functioned as a catalyst, exacerbating the mental health of women suffering from loss of children and/or reproductive-related depression or psy-
chooses. Caregivers at the Georgia insane asylum received mother-of-four Sarah Malloy in June 1864 and attributed her “derangement” to postpartum psychological problems that materialized just two months after the birth of her first child, some six years prior. Her condition, though, worsened during the war. Although not suicidal, she had become “terribly violent and destructive” and did not eat or sleep well. While these symptoms and the timing are consistent with a diagnosis of postpartum depression or (perhaps) psychoses, medical records make no mention of Malloy’s husband, Angus P. Malloy, who enlisted in the 18th Georgia Battalion in 1862 and died in battle at Morris Island, South Carolina, in July 1863. The young mother, deprived of her husband’s emotional support, shouldered parenting responsibilities alone while suffering a serious decline in her mental health. Finally, she received the dreaded news of her husband’s death, signaling that she would never again be able to depend on him as a source of material and emotional support.81

Women like Sarah Malloy faced unprecedented challenges in wartime: feeding, clothing, nursing, and educating children; pregnancy and childbirth; profound mental illness; adjusting to life without a husband—protector and provider. Mere survival under these circumstances appeared elusive.

In addition to young mothers, Confederate widows suffered considerably from psychological ailments during the war and found survival challenging. Southern white women, like married women in other nineteenth-century patriarchal societies, always faced the possibility that death of husbands might leave them financially, materially, and emotionally exposed. Throughout nineteenth-century America, few husbands adequately provided for their surviving wives and children. Consequently, widowhood, especially if small children were involved, became associated with poverty.82 The weight of added responsibilities coupled with grief and destitution drove many ante-bellum Southern widows to insane asylums, where they constituted a significant part of the patient population.83 The most common causes listed for their lapses into insanity include loss of husband, loss of children, loss of friends, and loss of property.84 Antebellum widows were vulnerable financially, materially, but also psychologically.

Women in early America who successfully navigated the choppy waters of widowhood pursued one of two strategies that increased the likelihood of survival: remarriage or reliance on social or kin networks. In the antebellum period, widows or women whose husbands were gone on extended trips relied on male neighbors or extended kin for help.85 But during the war, white Southern women who found themselves the sole heads of household had fewer options than before the war. Remarriage was one alternative, but war diminished the pool of marriageable men.86 War widows increasingly turned to neighbors or kin, most of whose households would have been also depleted.
of men. The war drained and taxed the traditional community and family networks of support, which made survival more difficult for widows. Twentieth-century studies of social support and stress have shown that social networks help shield people in crisis from a variety of pathological ailments, so the lack of or diminished social and kin support during war, on which widows had traditionally relied, deprived them of a key means of coping with wartime crisis.

Southern white women thus faced grave personal crises with the departure of male household heads to the front and, for some, with the war-related deaths of husbands. Widowhood, a grave threat to survival in peacetime, proved impossible for some Southern white women in wartime. One study of nearly three thousand Virginia war widows provides insight into why wartime widows as a group struggled psychologically. According to Robert C. Kenzer, over two-thirds of Virginia's wartime widows had been married in the 1850s; more than half were in their twenties. Three-fifths of their husbands had worked as farmers, overseers, or farm laborers and so were of the middling class at best. Most Virginia couples were young and not married long when war broke out, so they had accumulated little real estate, leaving women ill-prepared and without adequate resources to support themselves when their husbands died. Whether women mourned the loss of their husbands as companions, or whether their husbands' unexpected deaths occurred at a time in the marriages that made them especially vulnerable, Confederate widows sometimes succumbed to severe mental illness, unable to cope with the new demands of widowhood in a war zone.

Some Confederate widows, steeped in despair and hopelessness, saw no escape other than death and so considered or even committed suicide. Ann Little was a Georgia widow whose husband's death shortly before the start of the Civil War left her to raise and provide for six children ranging in age from four to twelve. She owned one slave, a nineteen-year-old female, who had run away prior to the war, leaving Little with no adult labor in the household to assist with the multitude of unremitting tasks managing her large brood. In 1864, she exhibited signs of insanity, including suicidal thoughts, which continued after the war. Three times she had been caught attempting to drown herself in the river. Another time Little tried to set her house on fire with her and her children inside. Asylum officials attributed the cause of her “insanity” to the death of her son, which may or may not have been related to the war. Little, aged thirty-six when war broke out, then was mourning the loss of both a husband and a son within a few years’ time. While surely beset by grief, the deaths of two adult men in the Little household also left her with the herculean challenge of caring and providing for a large family alone in wartime. Sole responsibility for a large family,
coupled with grief under the trying conditions of war, apparently deprived Little of the will to live.⁹¹

Widow Virginia Camp moved in with her parents in north Georgia after her husband died in 1854. In her twenties and left with six children to raise, she was supported by extended family when war broke out. Family members had her institutionalized in November 1863 because she was “constantly in distress” and suicidal. Information relayed to asylum caretakers indicated that the first signs of insanity emerged while Camp was in confinement with her last child, about eight years prior, but no reference was made to the recent military activity in and near Catoosa County, where she lived, which might well have been a contributing source of her “distress.” Federal forces had crossed into Georgia in September 1863, setting the stage for the Battle of Chickamauga later that month and Chattanooga after that in November. Union troops pursued Confederate forces through north Georgia where they converged for a stand in Ringgold, near where Camp lived with her family. Camp’s institutionalization in November 1863 coincides with the shift of fighting into north Georgia and presumably played a role in exacerbating latent psychiatric difficulties.⁹²

Confederate widows faced the challenge of supporting families without their life partners, common in the nineteenth century, but with the added burden of navigating their charges through the chaos and uncertainty of war. With the absence of the male head of household, a widow might well turn to her adult male children for financial assistance, to seek business or farming advice, and to represent her in court in legal matters. The war, though, robbed many Southern widows of their adult sons, whose customary role was to step in after their fathers died. Widows fretted about their sons going off to war, worried about their well-being, and mourned their deaths, which delivered an emotional wallop to mothers. Abigail Barnes, a fifty-five-year-old widow, became suicidal because of the war, according to asylum officials. The mother of nine lost her sixty-seven-year-old husband shortly after the outbreak of hostilities, which was also offered as a possible cause of her troubled mind. In early 1862, she had become “noisy pretty constantly” and claimed to be possessed “with the Devil.” Barnes made multiple attempts to take her life by various methods: cutting her throat with a razor, shooting herself, and drowning. While asylum officials acknowledged that “the war and the suffering likely to result from it” contributed to Barnes’s psychological demise, they failed to note that at least two of her sons had enlisted in the Confederate army. In 1861, a confluence of events conspired to chip away at Abigail Barnes’s emotional and material well-being. Her husband and life partner had died, leaving her to care for her large family in the midst of turmoil. Her adult sons, on whom she should have been able to rely following her husband’s death,
also abandoned her to defend their country. The modest living her farmer-husband had been able to provide was now in jeopardy as the able-bodied men in her family dropped their hoes to take up arms. Of course, there was also the inescapable worry that her sons were in harm’s way. Like Barnes, Mary Daniel’s children were grown when her husband, Woodson, died soon after war broke out, so the care and support of little ones was not a concern. Yet she hanged herself shortly after her husband died. The grief over her husband’s death was assuredly magnified by the enlistment of her son, twenty-three-year-old John Chesley Daniel, in March 1862. Mary Phillips, a fifty-year-old South Carolina widow, may have exhibited some mental instability before the war, but her symptoms grew so serious in mid-1863 that she was admitted to the asylum in Columbia. The mother of four had been suffering from “depression of spirits” that drove her to attempt suicide. She died in the asylum three months later.

Caroline Mayo of Richmond, widowed before the war, faced the challenge of life during wartime alone. By all accounts, the Mayo family threw themselves behind the Confederate effort. Her brother-in-law and first cousin was Joseph C. Mayo, mayor of wartime Richmond. Twenty-one-year-old daughter Martha received lavish praise from the Richmond press as “one of our most patriotic and talented young ladies” for donating her medals of academic achievement at a female academy to the Confederate government for conversion into coins. Son Theodoric, a physician, enlisted with the Richmond Howitzers in May 1861 but later transferred to the 3rd Virginia Regiment as a surgeon. Another son, William C. A. Mayo, aged eighteen when war broke out, enlisted in the Confederate army like his older brother. Caroline Mayo herself, aged fifty-one when the Civil War started, headed up a new private hospital, one of sixteen “ladies’ hospitals,” in Richmond to care for “invalid soldiers” in her own home, called the Good Samaritan Hospital, which Mayo oversaw, drawing no salary. In August 1863, Mayo appeared in the pages of the daily newspaper again, this time following an attempted suicide. The Richmond Dispatch reported that efforts to save the “life of the unhappy lady” succeeded and offered “domestic trouble” as the motive behind her intentional overdose. The nature of the “domestic trouble” was unspecified, but might it have been concern for her adult sons serving in the military, one of whom was captured at Gettysburg, right before her attempt? Records show Caroline Mayo lost at least two children in infancy. The prospects of losing yet another child might have brought to the surface submerged feelings of grief and sadness. The pressures of living near a war zone without the support of her life partner may have proved too much for her to bear alone. Or, her work with invalid Confederate soldiers may have traumatized or depressed her. A home transformed into a hospital for sick and wounded
soldiers provided no retreat from the reality of war. Like other nurses and matrons, Mayo became close to her patients and wrote tender letters of reassurance to family members when they passed. On the other hand, some other “domestic” matter, unrelated to the war but hidden from the record, may have left Mayo utterly unable to cope any longer. While the historical record discloses no definitive explanation for Caroline Mayo’s suicide attempt, there seems to be no question that war-related pressures contributed to her declining health.

Evidence of mentally ill or suicidal Confederate widows suggests that widows, longtime or recent, found living through a civil war without a spouse trying. Sixty-nine-year-old Anne Galbraith, a widow since before 1840, shocked neighbors when she hanged herself in her Yorkville, South Carolina, home in late 1861. Caroline Springer of Georgia, who was not a widow but who had been separated from her husband for sixteen years, was committed to the Georgia insane asylum just a few months after the war started. Springer had a history of “derangement” dating back at least five years when she attempted suicide by hanging, but she seemed to have recovered. She became symptomatic again during the war, this time targeting others with violent acts, such as throwing knives and forks at people. She died in the asylum about a year later.

The war greatly exacerbated the suffering of widows by adding to their already weighty concerns, but the war also increased the number of women in the South who were left with sole responsibility of caring for fatherless families. The conflict claimed a significant number of young adult males, many of them heads of young families. In Virginia, to take one example, between 20,000 and 30,000 men died in the service of the Confederacy, about one-fifth of whom were married, resulting in between 4,000 and 6,000 Virginia widows, many of them left with small children to support who were too young to contribute to the running of the household or farm. Twenty-two-year-old Martha Harbin, for example, became “troubled” following her husband’s death while serving in the Confederate army, the purported cause of her mental instability. According to records of the South Carolina asylum, the mother of two had been married only four years when she was widowed. Family members became alarmed by Harbin’s attempts to burn herself and throw objects into an open fire, which led to her institutionalization in spring 1864. Frances Campbell’s husband, Austin, died on the third day of battle at Chancellorsville in May 1863. The South Carolina man had enlisted in July 1861 at the age of twenty-nine. Austin Campbell had survived the Battle of Gaines’s Mill in June 1862, against all odds, when 59 percent of the members of “Orr’s Rifles” regiment, of which Campbell was a member, had been killed. Campbell’s regiment also saw action at the Seven Days Battles, Second Manassas,
and Fredericksburg. Campbell’s luck ran out, however, in the regiment’s first engagement of 1863. A little over a year later, his widow, Frances, mother of two small children, entered the insane asylum in Columbia. Attendants noted that for three to four years, a period corresponding with the start of the war and her husband’s enlistment, she had not been of sound mind, but had grown worse in the previous several weeks. She was depressed, restless, and inclined to wander. Though she was not suicidal, asylum officials were well aware that her father, a Baptist minister, had committed suicide in 1843 and so seemed alert to a hereditary predisposition to suicidal behavior. Frances Campbell also manifested “delusions,” the chief one being of her husband being killed. Indeed, her husband’s death was listed as the cause of her insanity. Asylum records reveal only part of the pain Frances endured as a result of the war. Other sources show that at least two of her nine brothers died in the war: David Henry Gambrell died at Winchester, Virginia, in November 1862, and Matthew Gambrell died at home while on a medical furlough in 1862.\textsuperscript{108} Not only did Frances mourn the loss of two siblings, but their deaths meant she would not be able to turn to either one for support and assistance in the wake of her own husband’s death, which was common practice for widows in early America.\textsuperscript{109}

As with young Southern mothers who struggled simultaneously with reproductive-related psychological disorders, grief, and war-generated anxiety, widows, too, confronted myriad challenges to their mental well-being while living in a war zone. The case of Eleanor Carroll, who entered the Georgia insane asylum in 1862 after several unsuccessful attempts to drown herself, exemplifies the nexus of multiple underlying causes of psychological collapse experienced by many Confederate widows. Eleanor Dekle, widowed in the 1840s and left with several small children, remarried and moved from Georgia to Florida with her new husband, John Oliver Carroll, by whom she had four additional children. When war erupted, Carroll enlisted in the 5th Florida Infantry. He either left Eleanor and the children in Florida or relocated them back in Georgia to stay with family. By October of that year, family members had placed Eleanor at the asylum in Milledgeville. Officials there attributed her psychological troubles to “disease of the womb.” Eleanor had given birth to at least seven children, so she might have been suffering from gynecological complications or postpartum depression, or a combination of the two. Her youngest child was around age three when she was hospitalized, but records indicate Eleanor had been battling psychological issues for eighteen months, so childbirth-related psychoses cannot be dismissed. Further complicating her medical history were the purported deaths of two small children, although this information escaped the attention of her asylum caregivers. Finally, but also escaping the notice of care-
givers, was the enlistment of her husband, John, who left Eleanor’s side in March 1862. Seven months later Eleanor had collapsed under the weight of physical frailty, grief, possible postpartum illness, and the abandonment of her husband, leaving her alone to care for her large family while she herself was in need of care. She appears never to have recovered, as she died within the walls of the asylum in 1868.\textsuperscript{110} The war made Jane Sims a widow and like Eleanor Carroll, she, too, spiraled into a battle with mental illness from which she never recovered. Those around Sims declared her insane and listed her as such in the 1870 census, when she domiciled with her brother’s family in Coweta County, Georgia, where Sims remained until 1872, when she was institutionalized. Officials at the Georgia asylum remarked that she had become insane eight years prior when, in her twenties, she had become a war widow.\textsuperscript{111}

While widows and mothers of young children bore an especially hard burden during the war, women with adult sons also suffered from anxiety and depression. Mothers whose sons died or were wounded during the war at times crumpled in agony over their losses and seem to have been especially prone to psychological collapse.\textsuperscript{112} Harriet Bibb, wife of a Charlottesville bank officer and mother of four, was a “rather cheerful” woman before grave psychological problems arose in the spring of 1863. Bibb saw her eighteen-year-old son, French, enlist, but in May 1863 came the dreaded news: he had been wounded at Chancellorsville and lingered for a few weeks before succumbing. The news catapulted Bibb into a downward spiral. Though never suicidal, she showed signs of extreme agitation: she slept little and was “loquacious and excited.” Records note that she sometimes choked others and pulled their hair.\textsuperscript{113} Nancy Hawkins’s twenty-four-year-old son, William, of North Carolina also perished at Chancellorsville in 1863. Less than a year later she, too, was dead. The thirty-nine-year-old woman hanged herself, although the pithy newspaper account made no mention of a cause of the suicide.\textsuperscript{114}

Asylum officials often overlooked the obvious source of anxiety for mothers of soldiers and attributed psychological decline to other factors. Caregivers privileged a somatic cause of Nancy Letson’s mental decline and suicidal threats—typhoid fever—when admitting her to the asylum in Milledgeville in March 1862, but had missed, or were not told, that at least two of her grown sons, Gabriel and Henry, had volunteered for duty with the 60th Alabama Infantry at the time of her institutionalization.\textsuperscript{115} The family of forty-five-year-old Theresa Jackson admitted her to the South Carolina asylum in February 1863 after a four-month spell of poor mental health. Records indicate she was “dejected and sick” and “very nervous.” More seriously, Jackson had attempted suicide at least twice, once by jumping into a well and then by hanging. Officials identified heredity as the cause of her mental lapse, but
the delusions she experienced offer a more plausible cause: she imagined her husband and son “going from her.” In fact, twenty-one-year-old son Abner B. Jackson, who enlisted in the South Carolina infantry, was a prisoner of war for a time. Separation fears by a mother whose son had been away for years and facing mortal danger reveals a distraught woman who saw no recourse from her anxiety about death of loved ones other than death for herself.116 Record keepers at the Georgia asylum, though, acknowledged a causal link between Matilda McCravey’s wartime derangement and her son going off to war. En route to the asylum in 1866, the widow threatened to kill someone “or be killed in the attempt.” McCravey began showing signs of derangement in 1858, about the time she was widowed. Symptomatic before the war, manifestations of mental illness worsened during the Civil War when her youngest son was “compelled to go to the army.” The son about whom she worried was probably David S. McCravey, who became a lieutenant in the 36th Georgia Infantry and was captured and imprisoned following the Battle of Vicksburg.117

An injury to her soldier-son and the physical and emotional strain of caring for him catapulted a North Carolina woman into a complete psychological breakdown that required institutionalization. Although Ann Eliza Myers had had at least one bout of puerperal fever, a war-related injury to her son in February 1865 triggered her psychological collapse. While traveling to the front, his foot was crushed in an accident near High Point. Myers rushed to her son’s side and assisted with his care, a common practice during the war. The stressful vigil taxed Myers beyond her physical and mental capacities. She spent ten sleepless days and nights nursing her ailing son, as doctors contemplated amputation. Incessant train noise near Myers’s hotel further frayed her tattered nerves. By the time she entered the asylum in South Carolina, she had become combative, striking family members. An attending physician in Virginia described her as very depressed, restless, and unable to sleep. Another called her “deranged,” her mind “a wreck.” Delusional, she proclaimed herself to be “Elijah, son of God.” She also attempted suicide several times: by jumping from a second-story window, attempting to jump into a well, and by attempting to burn her house down.118

Dread about losing a male relative, whether a husband, son, brother, or father, in battle constituted Confederate women’s worst fear. Too often those concerns materialized. At the outset of war, as Drew Gilpin Faust argues, Confederate women encouraged male relatives to enlist, considering self-sacrifice the patriotic duty of all Southern women. But as the war dragged on, and as male relatives returned in pine boxes, or not at all, the wartime ideology built on female sacrifice began to erode.119 The shock of losing loved ones to the war effort broke many white Southern women, though most managed to work through grief and emerged from a mourning period able to
function; religious faith consoled many Southern women facing the death of a family member.\textsuperscript{120} Many, though, did not. Young Elizabeth Shockley, aged twenty-one, was committed to the asylum in Georgia in March 1863 after losing three brothers and her father. The infirmed brothers, all in their twenties, enlisted with a Hall County company known as Brown’s Boys. Within a few months, all three were stricken with disease and probably never got out of camp. The young men’s father quickly departed for the Atlanta hospital where they were convalescing, to nurse them, when he, too, contracted the same disease. All four Shockley men succumbed to illness and died. Asylum officials concluded that the shock of the four deaths had “contributed materially to originate the disorder of her mind.” Small wonder, then, that Elizabeth Shockley imagined herself “in Hell and suffering all the torments of the damned.”\textsuperscript{121} The death of a fiancé caused Sarah Baxter of Madison County, Georgia, such great emotional distress that she, too, was institutionalized. The young woman in her early twenties had gone to visit her sister in the summer of 1863, when she got word that the man to whom she was engaged had died in camp. It took nearly a decade for her to become well enough to leave the facility.\textsuperscript{122}

Occasionally, news of a male relative’s injury pushed Confederate women beyond their capacity to manage emotionally. Twenty-five-year-old Martha Bird entered the South Carolina insane asylum in February 1866 after years of mental debilitation, the trigger of which was believed to have been the amputation of her husband’s leg following the Battle of Gettysburg. While Samuel Bird’s wound caused his wife considerable “grief,” his capture also likely contributed to her anxiety as she languished for months unaware of his fate. It was not until the end of 1863 that prisoner-of-war Bird was exchanged and brought to Jackson Hospital in Richmond, where doctors removed his wounded leg. So while asylum officials may have accurately diagnosed Martha Bird’s insanity as related to her husband’s loss of limb, months of uncertainty and worry about his fate before, during, and after battle also likely contributed to her declining mental health.\textsuperscript{123}

In addition to withstanding the deaths of loved ones, Confederate women faced the hazards of living in a war zone. By 1864, material deprivation and physical destruction pervaded much of the occupied South, with collateral damage by embattled armies destroying countless dwellings, structures, and fields. Marauders stole livestock and personal property. Confederate agents impressed food, animals, and wagons. And as the Union war aims shifted from limited to total warfare, the private property and dwellings of Confederate civilians became targeted in a concerted effort to break the will of the
populace and diminish their capacity to wage war.¹²⁴ In short, terrorizing Southern civilians in an attempt to effect their submission became Union military policy. To a people teetering on survival and barely staving off starvation, the mounting property loss and dread of an approaching enemy broke the spirits of many Confederate women, as was the intention of the Union strategy, and contributed to the mental anguish of many Southern civilians.¹²⁵ Thirty-four-year-old mother-of-four Hannah Way of Georgia was driven to insanity due to loss of property, according to asylum records; she was institutionalized shortly after Lee’s surrender. Though not suicidal, she was prone to violent acts, such as burning her own clothing and bedding. The property loss blamed for Way’s mental anguish referred either to the family’s financial losses incurred by the war or the physical losses of dwellings, possessions, or slaves. Census records offer a snapshot of her family’s economic deterioration between 1860 and 1870, confirming significant financial loss. In 1860, the combined real and property wealth of Henry Way, a miller, stood at nearly $7,000, including the value of nine slaves; by 1870, it stood at $1,000, and Way had become a farmer and was no longer a miller. Although the loss of slave property accounts for some of their wealth loss, property loss may have also occurred at the hands of invading Union lines. In 1860, the Ways domiciled in South Newport, Georgia, but by war’s end, the family had moved to Riceboro in a neighboring county. By the 1870 census, they had returned to McIntosh County, but to Jonesville. The relocations hint that their losses, or at least some, were linked to General William T. Sherman’s push through Georgia, when, presumably, Hannah Way, mother of four young children, the youngest only a year old, weathered the invasion alone.¹²⁶ Sherman’s incursion into Georgia was cited as the source of Winnie Gladden’s psychological instability, too. Caregivers pointed to “troubles connected with invasion of the country by the federals [and the] destruction of her house by them” as the cause of Gladden’s institutionalization.¹²⁷

Living in a war zone meant that many Confederate women faced the possibility of invasion from the enemy, often without male protectors, which constituted a major source of anxiety and worry for civilians. Although much has been made of the defiant “secesh” woman courageously sparring with invading federal soldiers, not all Confederate women possessed the fortitude (or foolhardiness) to curse Union soldiers, wishing them “as far in Hell as a pigeon could fly,” as did one Louisiana woman.¹²⁸ While such anecdotes served political purposes and made for a good yarn long after the Yankees had departed, anticipation of an invading army and the rumors spawned by spotty communication made for high anxiety in Southern communities. With little or no male protection to fall back on, Confederate women could only weather the frequent rumors about approaching Union lines and nervously
await the enemy invasion. Women whom antebellum Southern society had deemed by nature defenseless (thus needing male protection) were now called upon to stand guard and protect family, home, and treasures.\textsuperscript{129}

For some women the anxiety generated by invading forces, in addition to other war-related stressors, broke their resolve.\textsuperscript{130} A few, like Eliza Busey, attempted suicide as a consequence. The mother of eight ingested “sulphate of copper,” resulting in her being declared a “lunatic” and institutionalized. Asylum officials blamed Busey’s decline on the “sudden death” of her husband as well as “loss of property and distress and excitement incident to Sherman’s army and Wilson’s raid in passing through her neighborhood.” Busey’s onset of insanity not only coincided with her husband’s death and General Sherman’s march through Georgia in late 1864 but occurred less than a year after the birth of a child. Sherman’s approach represented a kind of final blow to Busey’s tenuous emotional state, which required her as a new widow to stare down an advancing enemy army on her own. Later, in the spring of 1865, Busey’s neighborhood sustained an additional attack, often referred to as “Wilson’s Raid,” during which Busey suffered undisclosed property loss, further adding to her despair.\textsuperscript{131}

The psychological collapse of twenty-one-year-old Lucinda Ozburn also correlated to military events in Northern Georgia in the waning months of the war. Asylum officials attributed Ozburn’s hospitalization to Sherman’s arrival in August 1864. Patient records document a significant change in personality and temperament, though no history of self-injury. The unmarried Ozburn, “usually quiet,” had become angry, using harsh and vulgar language even though formerly she had been “very modest and chaste in her language.”\textsuperscript{132} The burning of Columbia and the “sacking” of the city by Sherman’s army aggravated underlying physiological and emotional problems that twenty-five-year-old Emily Johnson had been experiencing well before the war. After the house where her family had been staying burned and, by one account, Johnson “barely escaped death from fire,” Johnson was admitted to the Milledgeville asylum when her preexisting symptoms—convulsions and a violent streak—worsened.\textsuperscript{133}

Southerners braced for federal invasion, often fearing the worst in the face of uncertainty, rumors, and misinformation. Shocked Atlantans faced expulsion in the wake of Sherman’s decision to evacuate the city’s population after its capture. Those in the path of the advancing Union army, from Georgia through the Carolinas, struggled with whether to flee or stay put. Rumors of barbarity and rapaciousness trickled into neighborhoods, heightening excitement and consternation.\textsuperscript{134} South Carolinian Grace Brown Elmore nervously contemplated the arrival of the Yankees in the fall of 1864 and recorded those apprehensions in her diary. Who knows, she fretted, “at what hour this
peaceful town may be spread in ruins, and another instance of barbarous spite
added to the long list of outrages committed by the Yankees?” Elmore’s ar-
ticulation of her fears about invasion gives voice to the white women who
showed up at the doorsteps of Southern asylums fearful of or having endured
the swath of federal invaders. “There is much dispondency [sic] felt.” The “hor-
rors of a Yankee raid” weighed heavily on Elmore and other white women.
In particular, she feared for her own safety in the enemy’s hands and shud-
dered at the prospects of living as a subject under Yankee rule. Elmore flirted
with suicide as a means to escape the emotional trauma of war. “God grant
me death sooner than a life amongst the abominations [of] the Yankee na-
tion.” Elmore did not take her life, but she contemplated the possibility as
an escape from Yankee clutches, a fate apparently worse than death.

Woman’s status, grounded in coverture and patriarchy, was inextricably teth-
ered to that of her husband, the death of whom threatened the social and
economic standing of a wife. So for emotional and material reasons, Confed-
erate women faced personal crises and loss of status when husbands passed
away. Under ordinary circumstances, widows and young mothers, the most
vulnerable white women in the South, would turn to community and kin for
much-needed support. War, however, obliterated traditional support net-
works, leaving many abandoned or widowed women alone and isolated. Un-
accustomed to and unfamiliar with the requirements for self-reliance and
independence, many white women faltered emotionally, and some of those
became susceptible to suicidal thoughts and behavior. Overly reliant on their
menfolk before the war, Southern white women found themselves adrift emo-
tionally and ill-equipped to care adequately for family. In many cases, these
women suffered from mental illnesses, primarily depression and anxiety,
which further impeded their ability to function as the new heads of household
in a war zone and provide for the survival of their families.

The human costs of widespread psychological distress among Southern
white women cannot be overestimated and enveloped more than the women
themselves. In cases where husbands were killed or disabled, the incapacity
of some women—whether because of debilitation, institutionalization, or
death by their own hands—jeopardized the reconstitution of white families
after the war. In some cases, young children, fatherless, were now deprived
of their mothers through severe psychiatric injury or death and thus became
effectively orphaned. When soldiers returned home after the war, the pres-
ence of mentally ill wives increased the likelihood of even greater distress
and dysfunction as Confederates sought to rebuild their lives. The psycho-
logical crisis that struck the wartime South thus had profound and long-lasting implications for the integrity of the family as well as the state in the postwar era.

While no study of the Northern homefront exists, it is entirely likely that women of the North, too, suffered psychologically as a result of wartime experiences: they lost husbands in battle and to disease; they worried about the welfare of male kin; they struggled to manage their wartime households as single parents. Southern white women, though, faced these challenges and then some. Because a higher percentage of Southern men served in the military and died, a higher percentage of women would have been adversely affected by their absence or deaths than in the North. And whereas Northern widows had a larger pool of marriageable men from which to draw if they chose to remarry, Southern white women had limited choices. Northern kin and friend networks were not nearly as taxed as those in the South, so Northern women suffering ill effects of the war would have had greater access to support. Since the war was fought largely in the South, Southern women bore the brunt of battles waged in their neighborhoods; sacrificed more goods, crops, and livestock for the support of the war; and lost much to destruction, theft, and seizure from invading troops. Northern women did not experience invasion from the enemy, with two notable exceptions, which spared them the anxiety and uncertainty of living in the path or under the occupation of the enemy. Finally, Confederate women had to come to terms with losing the war, and all that that entailed, including the loss of slaves as both property and labor. Southern white women were not unique in suffering devastating psychological consequences of war and in contemplating or acting on death wishes, but because they were exposed to worse conditions than Northern women, their emotional suffering was considerably greater.

While the evidence is admittedly impressionistic, far fewer Confederate women than soldiers seem to have killed themselves during the war, although there is evidence of considerably more suicidal ideation and activity among women than men. This finding is consonant with historical and contemporary studies on gender patterns and suicide. Men kill(ed) themselves at higher rates than women, but women attempt(ed) suicide at much higher rates than men. Victor Bailey, for example, in his study of Victorian England found a ratio of two female attempts for every male attempt. Gender differences can also be seen in the apparent triggers for suicidal behavior. For Confederate women, both underlying and direct triggers differed from those of soldiers. Women’s suffering, resulting in extreme cases in institutionalization and
suicidal behavior or thoughts, related to childbearing and child-rearing, to the role of mother and wife, while men’s suffering was more directly tied to martial experiences and masculine sensibilities.

More difficult to discern are attitudes toward Confederate women who killed themselves. Because far fewer women than men were reported to have taken their own lives, there are fewer sources from which to glean reaction. Newspapers almost never editorialized in the reporting of women’s suicidal deaths, though most speculated about underlying causes. News reports conveyed biographical tidbits, but refrained from commentary about female suicides. Only one news account of a wartime female suicide, that of Louisa Wilson, editorialized, and the sentiments were highly sympathetic. The report, with the headline “A Sad Occurrence,” lamented, “Troubles falling so suddenly upon one so tender at heart.” The victim was eulogized as a loving wife, affectionate mother, and devoted Christian—an “example of piety” who lived a virtuous life.\textsuperscript{139}

Public reaction to soldier suicides tended to be much more demonstrably supportive and sympathetic than it was to female suicides, with some being treated as heroic deaths. One explanation may be the military context in which soldier suicides occurred. Soldiers and officers who killed themselves on duty triggered formal public rituals of honor—escorting a dead soldier, performing military honors at the burial site—that may have been more newsworthy than if a wife, or any civilian, committed suicide. More speculatively, there may have been an unconscious impulse to defend the honor of soldiers who died by their own hands. Given the potent cultural notions of honor, duty, and masculinity embedded in Southern society, news editors, identifying with their subjects, may have felt compelled to posthumously rescue suicide victims from the cloud of cowardice. Under the antebellum code, men, especially those at war, who killed themselves, invited doubts about their courage and manhood. The stakes were higher for men whose self-murders instinctively led to questions about their manly natures, raising the specter that they were not men at all. Women’s suicides, by contrast, were not linked to honor or duty, but viewed as extreme manifestations of their gender’s emotional and physical nature. That women on the homefront fell apart surprised no one. Their weakened and fragile constitutional natures mandated dependence and reliance on men. With men gone from the home, and women under the stresses of wartime, female’s delicate natures were stretched beyond their ability to persevere in the face of extraordinary adversity. Self-inflicted death by guardians of the home constituted one of many sacrifices demanded by the cause.
The war plunged Southern white women into uncharted territory and unrelenting hardship, and the patriarchal structure and ideology, in which all had been steeped, deprived them of adequate means to maneuver those choppy waters. Drowning in a sea of suffering, death represented an escape from untold despair and a bleak, uncertain future. Death by choice was a way to cope, a way to end the pain and anguish many were unprepared to handle. Ella Gertrude Clanton Thomas, like most Confederate women, did not commit suicide in an effort to escape her wartime suffering and anxiety. But she dreamed about dying and the peace that would come through death: “I feel as if I was drifting on, on, ever onward to be at last dashed against some rock and I shut my eyes and almost wish it was over. . . . I am tired, oh so tired of this war. I want to breathe free.”

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