

Aberration of Mind: Suicide and Suffering in the Civil War-Era South

Tom Barber
tbarbe6@lsu.edu

Follow this and additional works at: <https://repository.lsu.edu/cwbr>

Recommended Citation

Barber, Tom (2019) "Aberration of Mind: Suicide and Suffering in the Civil War-Era South," *Civil War Book Review*: Vol. 21 : Iss. 2 .

DOI: 10.31390/cwbr.21.2.04

Available at: <https://repository.lsu.edu/cwbr/vol21/iss2/4>

Interview

Aberration of Mind: Suicide and Suffering in the Civil War-Era South

Sommerville, Diane Miller

Spring 2019

Sommerville, Diane Miller. *Aberration of Mind: Suicide and Suffering in the Civil War-Era South*. University of North Carolina Press, \$34.95 ISBN 9781469643564

Interview by: Tom Barber

Civil War Book Review (CWBR): Today the *Civil War Book Review* is pleased to speak with Diane Miller Sommerville professor of history at Binghamton University and the author of *Rape and Race in the Nineteenth-Century South*. Today we are here to talk with her about her new book, *Aberration of Mind: Suicide and Suffering in the Civil War-Era South*. Professor Sommerville, thank you for joining us today.

Diane Miller Sommerville (DMS): It's my pleasure. Thank you for having me.

CWBR: Your book focuses on the individual circumstances and impersonal forces that led many nineteenth-century Americans to commit suicide, or at least seriously consider the act. What led you to the project? And why is it important for historians to consider mental health in the context of the Civil War?

DMS: I think like a lot of historians I tend to process things that I read or hear about through the lens of the historian. And my best recollection is that there was something in the news that was about suicide and depression and it got me thinking about that as a historical question; and, as a southern historian I naturally pivoted to the Civil War era, which I imagined would take us to a time in the South's history when there was likely a lot of emotional and psychological stress, and distress, and I wondered how suicide factored into that; if it increased, and how it was experienced by men and women and that's where I started. Part of the answer to that question also has to do with who I am as a historian, and I am a social historian; and I very much enjoy spending a lot of time in the archives, but I also have a lot of interest in learning

about ordinary people in those sources in the archives, so the two kinds of questions (itself) emerged and then I plunged into it because I really just love being in the archives and sorting through a lot of obscure records, and in this case it was largely coroners' records and asylum records.

CWBR: Mental health in general, and especially historically, are difficult to get at. What strategies did you use to historicize suicide and suffering?

DMS: If I could back even further and say that I did not find that much secondary literature on suicide in U.S. history. When I began this project fourteen years ago there was one book, that was a kind of a sweeping book, a history of psychiatry guy Kushner down at Emory; and it was sweeping, so it went all the colonial period up through the twentieth and it was all over the United States, and it was gender, so it was everything but the kitchen sink; and there was no deep dive into the topic.

And that contrast remarkably from the literature in Europe. Notably, of course, the father of suicide study Emile Durkheim had launched this sociological study of history but then other historians have taken his methodology and his questions and applied it to say nineteenth century Britain where the sources are a lot more accessible and consistent and centrally located. I think that explains in large part why European historians have had much greater luck with tackling it.

When I pivoted to looking at the United States and the historiography I found very, very little, so only after I had been working on the project, for at least five years, did I begin to see some signs that other people were working on it. Most obviously David Silkenat's book (*Moments of Despair*) on North Carolina during, and after the Civil War, was a book that contained a big section on suicide, but it wasn't limited to just suicide. And then shortly after that was published, Rick Bell published his book, but it was a study largely of the rhetoric of suicide and then Terri Snyder's *The Power to Die* just a few years ago on slavery and suicide, so those were the only books that I had to go on.

My is book is different in many ways from those three, but importantly because it delves into the question of mental illness in a larger way. So, when I began the project it was narrowly as suicide, but as I got deeper and deeper into it I realized that it was very, very difficult to separate out suicide from the emotional and psychological suffering, so I expanded the scope to include essentially the history of mental illness as well because there's a lot of anxiety; there's a lot of people who manifest symptoms of what we would recognize as mental illness but weren't

suicidal, or didn't commit suicide, so I wanted to make sure that I included them as well because many of them in fact did become suicidal.

So, the question about tackling it, and the difficulty, that was one of the greatest challenges that I faced because, as you know, the phrases mental illness or mental health were not used in the nineteenth century. Some of the specific diagnoses, PTSD (Post Traumatic Stress Disorder), for example did not exist as a diagnosis at the time, that's a twentieth century designation. So, for me looking back, where do I look for evidence of this kind of thing? It was a bit of a translation that I had to make. What do these people mean? What are these symptoms? Could this be an example of mental illness? So, nostalgia and soldier's heart, these were the names that were given to what was in all probability examples of mental illness during the Civil War. But you have to be so very careful because we are dealing with the knowledge and the terminology and the diagnoses that they didn't have.

And so, one of the things I find for example is that in almost all cases when a soldier or veteran manifests aberrational symptoms that seem likely to have emanated from their experiences in battle or away from home or at war that these would be inevitably be ascribed to something entirely unrelated to the war. So, you or I today, if we read about a soldier or a veteran who has startle reflexes—he jumps when he hears loud noises—you and I both recognize that as something soldiers and veterans experience because they're used to these loud explosions and they become very sensitive to loud noises, but that wasn't necessarily understood as the root cause.

There are some real incredible examples that I find in asylums where, for example, a soldier or veteran ends up in one of the asylums in the South and he's manifesting self-harm, suicidal and violent, and they hit upon masturbation as the root cause of his symptoms. Now we also find out that he had served in the army in Missouri, but yet that doesn't even appear on any lists of what the caregivers or the family members think might be the cause, so it is really very tricky for the historian who has to look back and speculate. So what I have to end up doing then—this is not about looking backward and diagnosing these people—but what we do is align what we know today what we learned from psychologists, psychiatrists, and sociologists about things like post-traumatic stress disorder, or what is better termed combat trauma—combat related trauma—and we see that on one side of the paper; and, on the other side we see all of

these symptoms and experiences and we say that it's suggestive of the kinds of diagnoses that we know are associated with having experienced combat.

CWBR: I feel like that's a very valid marker to understand how individuals look at it. But you also look at culture in a broader sense. So, what place did suicide have in the United States before the War?

DMS: Well, there has always been this tension between two types of suicide in a society, culturally speaking. The most prominent one, of course, is the religious or moral version, which is that it is a mortal sin and in every religion in the doctrine, in the theology, you find that teachings denounce suicide as sinful, but it's particularly bad because the person dies and is incapable of asking for forgiveness, so that's why it's seen as a mortal sin, unlike any other sin. So, there's a long literature in the theology texts about this—that this is presumptuous of people to try to step in for God, and it's only God who decides when you die not you. And it's also associated with cowardice. People who commit suicide do so because they're weak and they're trying to avoid problems, so all of this is a very powerful cultural swell.

That said, you do have, and it's less obvious, but you do have a little bit of this idea of the classical suicide model—the heroic model where you have Cato and all of these figures from ancient Greece and Rome who commit suicide as acts of bravery, but that's really recessed and it's not very prominent but it's the religious and moral characterization that predominates.

And I argue that by witnessing so much suffering and in particular, seeing people that they love die by their own hands so frequently; and, if they don't know somebody who dies by suicide they're at least reading about it in the newspapers because it's being reported unlike newspapers today, they were not reticent about printing cause of death when it was related to suicide, when it was suicidal causes. So, you have this experience, what I call a collective community of suffering, and it causes I argue, southerners to begin to rethink their contempt, or intolerance, for suicide because they realize that the suffering is so pervasive; it's so real, that almost all people are in some way, shape, or form connected to somebody, themselves or other people, who have suffered greatly. So, it becomes imaginable to them and they're far less reluctant to condemn it. So, you begin to see in the newspapers, for example, even during the war especially when soldiers commit suicide, there's much more understanding of the situation.

So, there's this very famous suicide very early on in the war, this Virginian general Cocke, who comes home in December and kills himself; but, the newspaper reports of him say

he died just in the same way as if he had taken a bullet. In other words, the reasons that caused him to take his life are very much embedded in his experiences and we have to look past are previous assumptions about suicide and realize that this is just one of the costs of war and it becomes much more understandable. And then I carry that through the end of the nineteenth century, where we begin to see in literary depictions most prominently of suicide as heroic.

There's a couple of other examples, the most famous one is the suicide of Edmund Ruffin. If you go to virtually any biography or textbook or encyclopedia reference, it'll say that he died by wrapping himself up in a Confederate flag. In fact, that's not true, it's apocryphal. There's nothing contemporaneously, even in the letters that his sons and grandson exchanged, that suggest that was the case. Rather that emerges in the 1880s, part of the Lost Cause, but it also elevates Ruffin to being a martyr for the cause, so suicide here is seen as heroic and romantic and nostalgic.

There's another story—there's actually a number of different stories—but one that I find just really fascinating, and nobody knows if it's true or not, but it appears in one of the collections of the UDC (United Daughters of the Confederacy) that was put out at the end of the century, or the early twentieth century, and it was ostensibly written by the wife of a Union general who was with her husband when he occupied the east coast of South Carolina in April 1865. And the soldiers are going through the town, and Lincoln has just been assassinated, so everybody's horrified and in mourning, and they're going through and making sure that everybody puts out mourning bunting on their doors and entryways; and, they go into this one home of this southern woman who has lost her husband and her fourteen year old son to the war, she refuses. So, they go in and they find appropriate bunting and they insist that she put it up. And she says okay, I'll do this on one condition: that you go across the street and let me do it by myself. So she goes inside; she comes out in her mourning clothes from the deaths of her husband and child and she's carrying the black bunting and it appears that she is going to put it up, and she climbs up on to a chair; and everybody across the street is watching this and they think she is in fact putting the bunting up as instructed, but what she ends up doing is that she takes the bunting and she wraps it around her neck and she hangs herself. Again, we have no idea if this is true, but the fact that its being told even much later tells us that there is a fundamental change in the way that southerners are viewing suicide. That it is lauded; she was a martyr to the

cause and this is all in the name of sacrifice for the cause and standing in defiance of the Yankees.

CWBR: Let's go back and look at the war a little bit more. Your book deals broadly with four types of southerners: white men and women, and black men and women. What were some of the different stressors? You had mentioned earlier PTSD as being a factor for male combatants, but suffering was dynamic and pervasive for all of these groups. So, what were some of the different stressors that each group experienced during the war?

DMS: So, I make the argument that these stressors are very gendered. So to go beyond PTSD, combat trauma, I was surprised that there were a number of Confederate soldiers who died in camp by their own hands who never even saw battle, and that I found very curious, but as I began to read more about suicides in other wars, it did begin to make sense. And there is kind of like an anticipatory stress, that especially young soldiers experienced while they're in camp; and they begin thinking about their performance; and they're scared and realize that they may have to kill somebody; and I might get killed; and they're all away from home; and they're homesick and they're with all these people, so they become very unsettled. But I argue that a lot of this is very much likened to their own masculine identities, and that they're very fearful about what lies ahead, there's great uncertainty and a lot of them have doubts about whether they can actually do what's required of them. This martial ardor, this participating in war, and that many of them begin to worry and think that they'll fail and that they can't go home with this stigma of having gone to war, but failed—they couldn't fight; they ran away; they deserted. So rather than face that future for themselves, they killed themselves, and in that way their deaths are at their own hands and they're in charge and they are in control. So that's one form of stress that's not directly related to combat, but was very different but also very much related to the martial experience.

For women there are all sorts of stressors on the home front like things that caused enormous anxiety and stress and grief. They worried considerably about their husbands and brothers and fathers dying. How are they doing? Possible invasion, that certain areas of the South are rife with rumors of invading armies and that caused a lot of women to fret, being unsure about how to proceed with major decisions without their husbands. So, I make the point that a lot of these women—all women of the middle and upper classes—had been steeped in the ideology of paternalism which of course assures them that they will be taken care of by their husbands,

whose job it is to provide them food and shelter. But when they go off to war, these women are left alone and a lot of them really break because they're not equipped constitutionally, or mentally, to do what they've been asked to do and so they have what we might call nervous breakdowns as a result of this; but they're also unable to rely the networks that they become accustomed to in times of extraordinary loss.

So, for example, if a woman's husband dies in war, she would turn to maybe an older brother, or her parents. All of these kin relationships are also being taxed; so, she might not be able to turn to them [because] their husbands and fathers are maybe off to the war, and they themselves are in need of a lot of support and a lot of help. So, those kin networks are under great stress; and they're no longer available to a lot of the women, and that causes them a great deal of stress.

And then of course I argue that for these women, many of these women are young mothers. Quite a few of the women that I encounter in insane asylums appear to be there because they are suffering from some sort of post partem disorder. And the conditions of the war, the absence of their husbands and their support network that would ordinarily be there for them all of that is removed, so it exacerbates—it doesn't create the conditions of post partem disorders—but it exacerbates them and gives them fewer options in caring for the people who are available to care for them; or maybe they have to relocate because they are in the path of the Union Army, so all of these things take a toll on these women.

The third category of people that I look at are African Americans and I look at them in slavery and freedom. And I take the cue from Jim Downs, for example, who argues in his book *Sick from Freedom* that emancipation was in many ways an ordeal. We like to think of this as jubilee; and, emancipation was welcomed of course, but what we have not thought enough about until very recently is how that affects—how the process affects freed men and women and their families, and of course they suffered a great deal. Amy Murrell Taylor's recent book also speaks to this. So, they're suffering a great deal and embedded within that suffering that are stressors that are common to white southerners as well. So, for example, experiencing the loss of children, the loss of husbands due to warfare, but also there are new challenges for them that create great stress. So questions like: where are we going to live? How are we going to get enough food to feed our families? How are we going to take care of our sick children when we're sick? Because

those were all things that were taken care of as enslaved because their masters, their owners took care of those things, so those also created a lot of stress for the formerly enslaved.

CWBR: Now when we look at the post war era, how do white southerners remake suffering and suicide into cultural markers that help legitimize white supremacy?

DMS: I have to go back a little bit. In the antebellum period, white southerners denied that the enslaved committed suicide. To acknowledge that slaves committed suicide, they would have had to admit that they were unhappy, and that they were not adequately taken care of. So as a result, there was this widespread denial that slaves committed suicide. They completely denied it.

And of course, they did, but with emancipation more and more freed people end up in asylums. In fact there are these stories that are being published about large numbers of African Americans showing up in insane asylums, and so white southerners are having to perform these mental gymnastics to account for how African Americans are now are showing signs of being suicidal, and its really interesting because they contort all of this to in a very racialized way. So they explain that it is whites who experience depression and melancholy because they're more civilized; and they have higher standards; and they have needs for material things; and they climb the social ladder and they fall; and they have much more important things to do that would make them subject to melancholy and depression and becoming suicidal. Whereas they claimed that African Americans are a much more simple-minded people, they are not prone to melancholy; they have very simple needs unlike the whites. So nonetheless you still have African Americans in the South who are suicidal and in fact kill themselves. And the explanations that are offered is that their states are more manic. So, in other words it's not that they're depressed, or they're unhappy. Rather that they have reverted to their natural, animalistic states of mania and it falls right in with that mantra that freedom is what is driving them crazy, that they're not equipped for freedom. And that they are simply going to crazy because they're not used to being without the constraints of slavery that had kept them from losing their minds when they were enslaved.

CWBR: In such a wide-ranging book, what didn't make it into the book? Or what do you wish that you may be included in the book?

DMS: So I had a chapter that I ended up taking out and it was on the political rhetoric of suicide; and, I traced the use of political rhetoric from before the Civil War through after the

Civil War and in that chapter I argued that the way in which suicide was deployed in discourse was to uniformly condemn something as just abhorrent, but that through the Civil War, and after the Civil War, it becomes very much embraced honorific. And of course, that argument parallels the rest of my story, but I felt that it was just bloating the book and I needed to get it done. So, I pulled out a few, select examples from that in my epilogue but I'm still taking the bulk and I'm actually working on an article that I hope to spin out of that, and turn it into something different. I really wanted to go into literature as well and look at all the literary references to suicide from the antebellum period through the end of the nineteenth century, and that was just too big a task. And so, it is what it is, and I've left a few things for other historians to tackle.

CWBR: Professor Sommerville I appreciate you taking the time to sit with us to discuss your most recent book *Aberration of Mind: Suicide and Suffering in the Civil War Era South*.

DMS: Thank you Tom, I enjoyed it.