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“My Bruises Are Inward:” A Study of Mental Trauma in the American Civil War

by

Cody Turnbaugh

A Thesis

Submitted to the Graduate School,
the College of Arts and Sciences
and the School of Humanities
at The University of Southern Mississippi
in Partial Fulfillment of the Requirements
for the Degree of Master of Arts

Approved by:

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ABSTRACT

War is traumatic. Since the American Psychiatric Association first recognized post-traumatic stress disorder (PTSD) in 1980, living veterans of combat have been diagnosed at an alarmingly high rate. However, mental trauma related diagnoses have existed for centuries, including several that were identified around the time of the American Civil War. This thesis argues that Civil War soldiers experienced mental trauma related to their military service. It does so through three lenses. Focused on the mental trauma among Northern veterans, this study investigates in particular the relationship between mental trauma and socioeconomic status. It analyzes the experiences of both white and African-American soldiers with mental trauma resulting from combat, and it examines the public's perception of veterans and their mental trauma accrued during the war. This work is grounded in a rich secondary literature and contemporary personal correspondence, diaries, newspapers, periodicals, military pensions, asylum records, and medical documents. These primary sources offer an intimate examination of the struggles of Civil War soldiers to overcome the psychological impact of war. An in-depth study of the emotional suffering of Civil War combatants results in a better understanding of mental trauma as it relates to military history.

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This thesis was only possible because of the guidance, dedication, and support of numerous individuals. I would like to thank my committee. First, I owe much of my success to Dr. Susannah Ural, who has assisted me since day one of my University of Southern Mississippi stint. Her expertise and advice made a project like this possible. Not only was her wisdom critical to the success of this paper, but her kindness and encouragement pushed me onward. I would also like to thank Dr. Wiest and Dr. Zelner. As a young student new to the field of military history and psychological history, they both were immensely helpful in their support of this work. The entire faculty and staff of USM's history department made this journey possible, and I appreciate the valuable lessons they have taught me, as a historian, an academic, and as a professional.

I would also like to thank the individuals who made my research possible. Writing a thesis in the midst of the COVID-19 pandemic was no easy task. Access to primary source material that was crucial to my thesis was scarce. With many archives and databases shut down, I had to rely on digital history more than ever. First, I would like to thank Mr. Keenan Salla of the Indiana State Archives. His ability to provide me with a substantial number of source scans in a short period of time was not only extraordinary, but it also allowed me to support my arguments in a way that most internet sources could not. I would also like to thank Dr. King E. Davis of the University of Texas at Austin. It was his material that enabled to gain insight into hard-to-find African American asylum data. His support and reassurance for my research was heartfelt and encouraging. Furthermore, I would like to extend my gratitude to the countless individuals who made websites like Fold3, Ancestry, Newspapers, and Chronicling America possible. Their

work in getting digital copies of historical documents into the public domain was vital to the completion of this thesis.

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CHAPTER I - INTRODUCTION

War is traumatic. Since the American Psychiatric Association first recognized post-traumatic stress disorder (PTSD) in 1980, living veterans of combat have been diagnosed at an alarmingly high rate. Efforts were made in the late twentieth and twenty-first centuries to better understand the effect combat has on an individual's mental stability. However, diagnoses related to mental trauma have existed for centuries, including several that were identified around the time of the American Civil War (1861-1865). While military surgeons, physicians, and combatants did not fully understand the medical aspects of psychological trauma, they did have a sense of it, and made connections between combat experience and mental distress.

Since the 1970s, the study of psychological trauma in military history has received more attention among academics. The Vietnam War, and the evident and widespread trauma it inflicted on its combatants, helped spur psychologists as well as historians to focus on the phenomenon of PTSD or other mental trauma related disorders.¹ The 1980 addition of Post-Traumatic Stress Disorder into the *Diagnostic and Statistical Manual of Mental Disorders*, 3rd Edition (DSM-III) gave psychologists a concrete and official diagnosis that could tie together mental trauma and military combat and help them treat it. The DSM-5, the most recent edition of the manual updated in 2013, included a category for “Trauma and Stressor Related Disorders.” This is where

¹ The current medical diagnosis of PTSD refers to the effects of trauma post the stressful event. When referring to a mental breakdown in the midst of an event, psychologists refer to acute stress disorder. Therefore, acute stress disorder occurs in the moment of a stressful event, and PTSD occurs sometime after the stressful event, when the individual has had time to reflect. This thesis attempts to not confuse the two, and instead refers to the neutral terminology of mental trauma in most instances; Marc-Antoine Crocq and Louis Crocq, “From Shell Shock and War Neurosis to Posttraumatic Stress Disorder: A History of Psychotraumatology,” *Dialogues in Clinical Neuroscience* 2, no. 1 (2000): 53, accessed on October 10, 2020, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3181586/>.

PTSD is assigned. The modern disorder contained eight criteria (A-H). These include stressors and symptoms related to a traumatic event and cover emotional and physical responses.² The entire description from the DSM-5 can be viewed in Appendix A of this thesis. Acute stress disorder is also featured in the DSM-5. The entire description of that disorder can be viewed in Appendix B. Even though the medical community did not officially recognize PTSD until 1980, early academics, medical professionals, and military personnel contributed to an understanding of mental trauma in preceding decades. A variety of different diagnoses existed, all dependent on the era in which they were first introduced.³

The first disorder related to the human psyche was "nostalgia." Coined by Johannes Hofer in his 1688 dissertation studying Swiss mercenaries, this term described the mental symptoms, such as nightmares or unwarranted anger, that Hofer attributed to an individual soldier's longing for home.⁴ This disorder persisted into the American Civil War, before medical personnel identified two new diagnoses – "Soldier's heart" and "Da Costa's Syndrome."⁵ These shifted the focus from the mental symptoms of nostalgia to the physical symptoms of combat stress, such as heart palpitations and heavy perspiration. Abnormal psychological symptoms were often labelled as insanity, lunacy,

² American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 5th Edition: DSM-5 (Arlington, VA: American Psychiatric Publishing, 2013), 271-272.

³ Diagnosis for PTSD-like symptoms have changed throughout history, as mentioned. This paper only briefly mentions the dominant terminology of the period. Other similar diagnoses did exist, sometimes at the same time, and had overlapping symptoms. Their inclusion was not relevant to this study.

⁴ Johannes Hofer, "Medical Dissertation on Nostalgia, 1688," trans. by Carolyn Kiser Anspach, *Bulletin of the Institute of the History of Medicine* 2 (1934), 381, accessed on October 13, 2020, <https://www-jstor-org.lynx.lib.usm.edu/stable/pdf/44437799.pdf?refreqid=excelsior%3A14bc1f836bb68d9cab43dbe5b87e578e>.

⁵ United States Department of Veterans Affairs, "History of PTSD in Veterans: Civil War to DSM-5 – PTSD, National Center for PTSD," accessed November 10, 2020, https://www.ptsd.va.gov/understand/what/history_ptsd.asp.

madness, mania, or melancholia.⁶ During World War I, psychologists refocused on the mental symptoms of combat, and placed the blame on new and advanced military technology, citing “shell shock” as the official diagnosis.⁷ Continuing in World War II, psychologists recognized the back-and-forth trend of physical-to-mental focus with the identifications of “combat stress reaction” and “combat fatigue.”⁸ These diagnosis allowed a certain amount of time on the front lines before a soldier would begin to experience stressed mental symptoms. It was the Vietnam War that finally led psychologists in the American Psychiatric Association to recognize PTSD as an official disorder.⁹ Acute stress was not added until 1994.¹⁰ Since that addition, military historians have attempted to connect the modern concept of PTSD and acute stress disorder with earlier versions of mental trauma sustained in combat to better understand and interpret this historical experience.

Before an in-depth analysis of mental trauma in the American Civil War can be conducted, it is important to discuss what emotions meant to individuals in time period. Victorian Era ideals played an important role in the lives and emotions of soldiers on the nineteenth-century battlefield. The ideals included manliness, bravery, and a steadfast, patriotic desire to fulfil one’s duty. Professors Erika Kuijpers and Cornelis van der Haven, authors of *Battlefield Emotions 1500-1800: Practices, Experience, Imagination*

⁶ Simon A. Hill and Richard Laugharne, “Mania, Dementia and Melancholia in the 1870s: Admissions to a Cornwall Asylum,” *Journal of the Royal Society of Medicine* 96, no. 7 (2003): 363, accessed on October 13, 2020, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC539549/>.

⁷ History of PTSD in Veterans: Civil War to DSM-5 – PTSD.

⁸ History of PTSD in Veterans: Civil War to DSM-5 – PTSD.

⁹ History of PTSD in Veterans: Civil War to DSM-5 – PTSD.

¹⁰ American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 280-281.

discussed the armies' values. "Soldiers were not allowed to feel fear," says Kuijpers and van der Haven.¹¹ Professor Holly Furneaux, in her 2016 book *Military Men of Feeling: Emotion, Touch, and Masculinity in the Crimean War*, discussed these emotions and values in a battlefield setting. Soldiers were meant to be the "strong and silent types, enduring hardship without complaint, and keeping their emotions to themselves," Furneaux argued.¹² She went into great detail about Victorian Era ideals and the role they played in shaping soldier's feelings and emotions. Furneaux concluded that the Victorian Era ideals of manliness, bravery, and a steadfast, patriotic desire to fulfil one's duty were also present in armies.¹³ Soldiers were forced to conform to Victorian Era ideals, which not only encouraged, but demanded, bravery on the battlefield, courage in the face of the enemy, and an ability to control one's emotions in order to display manliness. Significantly, this was expected despite the evident mental trauma many soldiers experienced as a result of warfare in the Victorian Era. Those misplaced expectations persisted into later conflicts.

The American Civil War is somewhat unique among the aforementioned conflicts. First, it was a conflict fought entirely between Americans.¹⁴ Second, due to its nature, its combatants fought relatively close to home.¹⁵ Lastly, the makeup of units were

¹¹ Erika Kuijpers, and Cornelis van der Haven, *Battlefield Emotions 1500-1800: Practices, Experience, Imagination* (London: Palgrave Macmillan, 2016), 52.

¹² Holly Furneaux, *Military Men of Feeling: Emotion, Touch, and Masculinity in the Crimean War* (Oxford: Oxford University Press, 2016), 11.

¹³ Furneaux, *Military Men*, 11-14.

¹⁴ The "Brother vs. Brother" stereotype of the Civil War is prevalent, but in many cases, relatives did end fighting for opposing sides.

¹⁵ Most Civil War soldiers still fought far from home. Many had to leave their home state and fight elsewhere in the country, sometimes hundreds of miles away. However, unlike World War I, World War II, or Vietnam, Civil War soldiers did not have to travel across oceans to foreign battlefields.

inherently intimate. The vast majority of troops were volunteers; over 94%.¹⁶ This meant that many regiments were composed of men who already had established relationships.¹⁷ Civil War soldiers during and after the war who experienced some degree of mental trauma received an assortment of diagnoses. The most common ones were insanity, lunacy, soldier's heart, and De Costa's Syndrome. The unique nature of the American Civil War, the lack of concrete terminology, and the difficulty in accessing Civil War medical records due to privacy laws has made studying mental trauma in this conflict challenging. Several historians have gone as far to label the trauma some Civil War soldiers suffered PTSD. Others have shied away from this title, and instead called it simply mental trauma. Regardless of what it is called, the current historiography has made it clear that some soldiers suffered psychological damage related to their military service. Despite these difficulties, researchers have recently established a historiography and it continues to expand.

In 1987, Gerald Linderman published *Embattled Courage: The Experience of Combat in the American Civil War*, which attempted to explain the experience of combat for the average American Civil War soldier. He highlights ideals such as courage, honor, and masculinity, but also covers the intensity and carnage of the war. His emphasis on Victorian Era ideals is important to the average Civil War soldiers' military service.

¹⁶ Mike Burns, review of *We Need Men: The Union Draft in the Civil War*, by James W. Geary, Texas Christian University, accessed on April 28, 2021, <http://personal.tcu.edu/swoodworth/Geary-WNM.htm>.

¹⁷ As the state and federal governments made the call for volunteers, men would volunteer en masse together. Any particular volunteer unit, especially in the early stages of the war, would often be comprised of soldiers from the same town or county. This created inherently intimate unit composition. While serving alongside friends and family proved to be a moral boost initially, the long-term effect of losing community members in one's regiment was devastating.

These ideals gave men purpose.¹⁸ Furthermore, manliness assisted soldiers as they prepared for battle. To display courage in the face of an obviously terrifying situation, such as combat, was to be a man. Anything less than this was considered cowardice and feminine.¹⁹ Linderman argues that the horrors of combat changed those who experienced it.²⁰ Soldiers feared for their lives and grew more cynical because many felt they might not survive the war. Linderman referred to this as a “hardening.” After the war, soldiers became reclusive and struggled to return to normalcy, creating a divide between veteran and civilian. He contends that veterans went into a state of mental “hibernation” in the post-war period. Instead of reflecting on their service and military memories, they attempted to forget and repress by avoiding conversation about such topics.²¹ Linderman defines this disillusionment as: “the deeply depressive condition arising from the demolition of soldiers’ conceptions of themselves and their performance in war.”²² While he never directly mentions acute stress, PTSD or mental trauma, he does infer the psychological effect combat has on the mind, especially in his discussion on disillusionment.

Historian James McPherson, in 1997, took Linderman’s ideas a step further in his book *For Cause and Comrades: Why Men Fought in the Civil War*. In his discussion about what drove men to fight, McPherson argues that “convictions of duty, honor, patriotism, and ideology functioned as the principal sustaining motivations of Civil War

¹⁸ Gerald F. Linderman, *Embattled Courage: The Experience of Combat in the American Civil War* (New York: The Free Press, 1987), 7-9

¹⁹ Linderman, *Embattled Courage*, 24-26.

²⁰ Linderman was writing in the wake of an eight-year career in the Foreign Service of the Department of State in Nigeria, India, the Republic of the Congo, and Vietnam, where violence was prevalent.

²¹ Linderman, *Embattled Courage*, 266-275.

²² Linderman, *Embattled Courage*, 240.

soldiers, while the impulses of courage, self-respect, and group cohesion were the main sources of combat motivation.”²³ McPherson challenged a component of Linderman’s disillusionment theory, and instead claimed that Civil War soldiers never lost faith in their initial cause.²⁴ To McPherson, patriotism remained a steadfast motivator for combatants. However, he did more than just acknowledge the trauma that Linderman hinted at a decade before in *Embattled Courage*. McPherson became one of the first established Civil War historians to write directly on the topic of mental trauma in that conflict. He included terminology like “shell shock,” “battle fatigue,” “combat stress reaction,” and “psychiatric casualties.” He stated that although Civil War soldiers were unaware of these diagnoses, many experienced similar symptoms.²⁵ He openly claimed that “some of these soldiers were clearly suffering from what is today termed post-traumatic stress disorder.”²⁶ While McPherson does not go into extensive detail about this topic outside of a few quotes from Civil War soldiers regarding their trauma, he still established an important claim in the field – that soldiers in the American Civil War did, in fact, experience mental trauma. It was, however, another historian’s work that propelled the field forward.

In 1997, the same year that McPherson published *For Cause and Comrades*, author, historian, and attorney Eric T. Dean Jr. released *Shook Over Hell: Post-Traumatic Stress, Vietnam, and the Civil War*. Dean began his research in 1987, and after a decade of gathering sources and writing, he made his mark on the field of mental trauma in the

²³ James M. McPherson, *For Cause and Comrades: Why Men Fought in the Civil War* (New York: Oxford Publishing Press, 1997), 131.

²⁴ McPherson, *For Cause and Comrades*, 172.

²⁵ McPherson, *For Cause and Comrades*, 163.

²⁶ McPherson, *For Cause and Comrades*, 165.

American Civil War. His book, *Shook Over Hell*, was the first to fully focus on the concept of PTSD in that conflict. Dean used Vietnam as a comparative tool, since the war was so well known for medical analysis related to war-related mental trauma. While he was careful not to label mental trauma in the Civil War as PTSD, since the term did not exist at the time and it is impossible to diagnose an individual from that era, he contends that soldiers in that conflict suffered from similar symptoms, and that cases were not isolated or unusual.²⁷ The war was a desperate struggle for those who experienced it and had a lasting impact on many veterans. Dean's research provided a monumental breakthrough for historians of the Civil War. His study of the "Indiana Sample," which featured 291 Union veterans who were committed to the Indiana Hospital for the Insane between 1861 and 1919, demonstrates that there is a correlation between post-war trauma and combat experience.²⁸ Yet, as important as this book was to the historiography of mental trauma in the American Civil War, it still left the door open for further studies.

In 2018, just over two decades after Dean's *Shook Over Hell*, Diane Miller Sommerville published *Aberration of Mind: Suicide and Suffering in the Civil War-Era South*. Sommerville studied Southern men and women's reaction to the devastation of the war, which at times ended in suicide.²⁹ She explored how the South was unique in its

²⁷ Eric T. Dean Jr., *Shook Over Hell: Post-Traumatic Stress, Vietnam, and the Civil War* (Cambridge: Harvard University Press, 1997), 211.

²⁸ Dean does acknowledge several problems with the Indiana Sample. First, many insane patients were treated from home, as the asylum only accepted patients it deemed "curable." Second, the asylum took in patients from a certain geographical location, meaning this sample is only representative of Central Indiana. Third, the data for some veterans is fragmentary and can only be traced so far. This means it is impossible to truly determine if a veteran's mental trauma was related to their war service or another incident. Lastly, this study only focused on Indiana, which meant only Union veterans were included. The Southern experience was completely left out of this sample.

²⁹ Diane Miller Sommerville, *Aberration of Mind: Suicide and Suffering in the Civil War-Era South* (Chapel Hill, NC: The University of North Carolina Press, 2018), 12.

suffering, as it sent a higher percentage of men to war and held stronger ideals, such as honor, than their Northern counterparts. Historians like Lorien Foote, however, insisted that Northerners had their own influential concept of honor, too.³⁰ Sommerville also stated that most of the fighting occurred on Southern soil, exposing soldiers and civilians alike to the direct devastation of war. She also noted the South ultimately lost the war, forcing the region to cope not only with its own personal suffering but also with the defeat of its nation.³¹ However, it is Sommerville's bold claims about post-traumatic stress disorder and the American Civil War that are most notable to this study. She acknowledged that historians could not positively label the mental trauma of the Civil War era as PTSD, as it is a modern term. She also acknowledged that neither she, nor anyone else, could diagnose Civil War combatants and veterans with absolute certainty, as they are all deceased. Furthermore, access to many medical records are limited by privacy laws. Despite this, Sommerville claimed that "much of what we conclude about how nineteenth-century Americans experienced a variety of mental health ailments is grounded in conjecture. Though imperfect and imprecise, this approach nonetheless advanced our understanding of how Southern men and women experienced suffering and suicide in the context of the Civil War and emancipation."³² Her direct and assertive use of PTSD as a lens to study the American Civil War is an important and useful step forward in the historiography.

³⁰ Lorien Foote, *The Gentlemen and the Roughs: Manhood, Honor, and Violence in the Union Army* (New York: New York University Press, 2010), 105.

³¹ Sommerville, *Aberration of Mind*, 12-13

³² Sommerville, *Aberration of Mind*, 11.

As it is with any historical research project, primary source material will support the core arguments of this thesis. This study will use newspapers, periodicals, personal letters, diaries, census files, military pensions, asylum records, and medical documents. Some of these sources are found in archives or databases and come in either physical or digital form, while others are published in collections. This combination of primary source material provides insight into the lives of the men and women who experienced the American Civil War and felt its harsh effects on their psyche. This thesis utilized these sources to identify apparent mental trauma in soldiers.³³ The primary sources listed above help historians decipher what those connections meant to those individuals.

Newspapers and periodicals offer a combination of primary source information ranging from the national mood to local events. Letters and diary entries provide important insight to understanding soldiers' perspective on the trauma they faced. It also hints at the family's reaction to the trauma of a veteran post-war. Civil War letters do not often mention mental trauma directly, but they do hint at the fear or uncertainty of Civil War combat, as well as the difficulties of being far from home for extended periods of time. Soldiers wrote about nightmares, an inability to forget, or the difficulty to explain combat: all symptoms of mental trauma. Material from both the soldier and the family is important and provides more insight into the relationship of trauma to the home-life.

³³ This serves as another reminder that it is impossible to diagnose with certainty an individual from this time period with any sort of mental disorder. Despite this, it is possible to suspect mental illness through primary sources like letters, diaries, military records, and newspaper articles. Through the language used by soldiers or those around them, it is possible to decipher suspected psychological damage related to military service. In other cases, the diagnosing has been done already. Using medical documents and asylum records can confirm mental instability in soldiers who have been diagnosed with some form of mental trauma, labelled as it would have been in the nineteenth century.

Census records provide insight into the lives and professions of individuals suffering from mental trauma, as well as economic status.

Another excellent primary source assortment of mental trauma comes from pension files. Veterans' pension records convey the connection between military service and potential mental illness. Research in these records has revealed several pensions marked with the terms "insanity" and "lunacy." These records typically included information regarding a soldier's service, their "disability," and their postwar situation.³⁴ Asylum records are another ideal primary source to study mental trauma in this conflict. They indicate postwar trauma and often include diagnoses, symptoms, and behaviors. By coupling these records together, it is possible to create a connection between individuals' military service and postwar trauma. However, due to the scarcity and inaccessibility of pension and asylum records, replacement primary source material needed to be found.³⁵

With pension files and asylum records available only in limited instances, other primary source material became critical. Some pension files were available in limited quantities in the National Archives digital database and on Fold3.com, a subscription-based service that holds thousands of historical documents, including Civil War soldiers' combined military service records. However, due to the difficulties accessing asylum and medical records, a substitute primary source was necessary. These came in the form of court inquests papers. In major state asylums, state courts had to hear and approve of an

³⁴ "Disability" is in quotation marks because at this time period, mental trauma did not count as a disability in the same way a physical wound would. The soldier's current situation refers to their status post-war, i.e. how they were coping, if they survived their wounds, and if they left any widows or dependents behind.

³⁵ Typically, these pensions records and asylum documents would serve as the backbone of this research project since they contain copious amounts of relevant information. However, due to COVID-19 and privacy laws, many of these documents are inaccessible to the public. Any documents that have not been digitized are currently (2020-2021) unavailable to researchers.

individual's appointment into the institution. These court inquests are technically public records, making them accessible for this thesis. They include supposed diagnoses, symptoms and behaviors, the individual's profession, and references to military service. Therefore, they fulfil the role of both pension and asylum records in a single document.

This study aims to build mainly on the work in Dean's *Shook Over Hell* and Sommerville's *Aberration of the Mind*. While Linderman and McPherson's books are certainly important to the historiography of this field, neither devoted as much time to mental trauma in the Civil War. Dean focuses on Union troops by using the Indiana Sample, and Sommerville only investigates the South, but looks deeper into race and gender. This thesis aims to fill in some of the missing pieces of Dean and Sommerville's works by further examining PTSD-like trauma in the American Civil War. It does this through a focus on three lenses by which to view mental trauma: class, race, and public perception. It concentrates on the Northern experience regarding mental trauma. First, this study specifically investigates the relationship between mental trauma and socioeconomic status. Class is an important component to a mental trauma study, because the lower, middle, and upper classes perceived and experienced the war differently. As Brett McKay argues in a study of Northern masculinity, the lower class possessed the "honor of roughs," meaning they relied on strength, endurance, and prowess. The upper class followed the "honor of gentleman," meaning they focused on education, manners, and style. The middle class existed somewhere in between these two, although it aligned itself more with the upper class.³⁶ Therefore, when each of these classes mingled together

³⁶ Brett McKay, "The Gentlemen and the Roughs: The Collision of Two Honor Codes in the American North," *Art of Manliness*, November 12, 2012, accessed on April 28, 2021,

on the battlefield or in an asylum after the war, their perceptions and expectations of each other were shaped by those class stereotypes. The lower class was more accustomed to the hardships of life. They relied on strength and perseverance in time of difficulty. The upper class, on the other hand, lived a more comfortable lifestyle, where they held authority and had most of their basic needs met easily through their wealth. When both of these classes faced combat, they reacted differently, based on their own past class experiences. The poor may have adjusted to military life more quickly than their upper-class counterparts because they were used to adversity. This was not absolute by any means. Many in the lower class struggled to adjust to military life and felt the traumas related to combat. Conversely, many upper-class individuals adjusted quickly and found healthy success in the army. However, class in general affected different individuals' perception of war.

This thesis will define class more deeply in the first chapter. Furthermore, class played a role in the accessibility to general medical care and pension access. The upper class could rely on wealth and reputation to request aid, as could the middle in most cases, while the lower class often struggled.³⁷ However, up until the Civil War era, the country had never dealt with such a large number of mentally ill patients, which affected the established class-based access to assistance.

Second, this research project expects to analyze the African American soldiers' experience regarding mental trauma. African Americans in the nineteenth century were

<https://www.artofmanliness.com/articles/manly-honor-part-iv-the-gentlemen-and-the-roughs-the-stoic-christian-code-of-honor-in-the-american-north/>.

³⁷ Liza Picard, "Health and Hygiene in the 19th Century," British Library, October 14, 2009, accessed on April 28, 2021, <https://www.bl.uk/victorian-britain/articles/health-and-hygiene-in-the-19th-century>.

exposed to intense discrimination and racial violence. These instances came in many forms, such as slavery and segregation. When the Civil War broke out, and President Abraham Lincoln made the call for black volunteers, many enlisted in hopes of emancipation and an end to the racist society in which they lived.³⁸ However, due to their traumatic experiences of slavery, racism, and violence, African Americans soldiers experienced psychological damage differently than their white counterparts. Lastly, this thesis also explores the public's perception of mental trauma in the post-war period. In the eighteenth and nineteenth centuries, the vast majority of the nation's mentally ill received care at home from family and friends, instead of professionally at asylums. Before the war, their understanding of insanity was limited to the few cases they may hear about in their community. However, when mental illness spiked after the war, the public was rapidly subjected to cases of insanity much more frequently. This swift exposure altered their perception and understanding of psychology in the post-war period. Although hundreds of articles and books have been published about Civil War soldiers, African Americans, combat, and civilians, these groups are rarely studied together through the lens of mental trauma. By adding their experiences to the larger historiography, historians can more fully understand the Civil War and its relation to psychology.

This thesis focuses on the Northern perspective of the war. This is not to say that Southern soldiers did not experience mental trauma. As Sommerville makes clear, many

³⁸ United States, President (1861-1865 : Lincoln), *The Emancipation Proclamation*, January 1, 1863, accessed February 1, 2021, <https://www.archives.gov/exhibits/featured-documents/emancipation-proclamation/transcript.html>; The "racist society in which they lived" encompassed the North and South alike. Although slavery existed primarily in the South, racist attitudes prevailed strongly in the North.

did. To include both the North and South for the purpose of this study, however, required more research, sources, and writing than any thesis could reasonably include. The North and the South were simply too different when it came to ideals, economics, class, and family-relations. The institution of slavery, honor, masculinity, hierarchy, and familial connections existed in the South. While beliefs in honor, masculinity, and family certainly existed in the North, they were undeniably different in the South. Historian Bertram Wyatt-Brown contended that honor above all else influenced Southern culture and interacted with ideas of masculinity and family ties.³⁹ Leading Civil War historian James McPherson discussed “Southern Exceptionalism,” or the belief that the South was unique. He writes, “many antebellum Americans certainly thought that North and South had evolved separate societies with institutions, interests, values, and ideologies so incompatible, so much in deadly conflict that they could no longer live together in the same nation.”⁴⁰ However, the North too had its own forms of uniqueness.

The North had a stronger economy, that included infrastructure and industry, which led to diversity in their class system.⁴¹ There was a lower, middle, and upper-classes, mostly devoid of slavery.⁴² The North also included a large immigrant

³⁹ Bertram Wyatt-Brown, *Southern Honor: Ethics and Behavior in the Old South* (New York: Oxford University Press, 2007), accessed on April 28, 2021, https://usm-primo-exlibrisgroup-com.lynx.lib.usm.edu/discovery/fulldisplay?docid=alma991014042485205566&context=L&vid=01USM_I NST:01USM&lang=en&search_scope=NEWALL&adaptor=Local%20Search%20Engine&tab=USM_and_CI&query=any,contains,Southern%20Honor:%20Ethics%20and%20Behavior%20in%20the%20Old%20South&sortby=date_d&facet=frbrgroupid,include,9025600052995076900&offset=0.

⁴⁰ James M. McPherson, “Antebellum Southern Exceptionalism: A New Look at an Old Question,” *Civil War History*, 29, no. 3 (1983): 232-233, accessed on October 10, 2020, <https://muse-jhu-edu.lynx.lib.usm.edu/article/420091/pdf>.

⁴¹ The North’s stronger economy was based on its abundance of industry, infrastructure, and capital.

⁴² Slavery still existed in the North right up until the Civil War. In 1860, New Jersey still held eighteen enslaved persons; Adrian Brett, “Myths & Misunderstandings: The North and Slavery,” The American Civil War Museum, September 20, 2017, accessed on April 28, 2021, <https://acwm.org/blog/myths-misunderstandings-north-and-slavery/>.

population, further expanding its diversity. Although honor was often perceived as more prevalent in the South, historian Lorien Foote counters this. She argues through a study of the Union Army, which was reflective of Northern society, that a vibrant culture of honor existed. Northerners too placed immense value on honor, masculinity, and family.⁴³ The North and South had fundamental differences that led to the Civil War. Due to these disparities, Northern and Southern veterans would have inevitably experienced mental trauma from the war differently. This study focuses strictly on white and Black Northern soldiers' experiences regarding mental trauma.

This thesis is organized thematically. The second chapter focuses entirely on the effect mental trauma as it relates to different socioeconomic classes. In all of the research completed so far, little has been done to examine how the lower-class experience of war trauma differed from that of the upper-class, and where the middle-class fit into that examination. Researchers have examined class differences in later conflicts. In their study of shell shock in World War I, for example, historians Mark Osborne Humphries and Kurchinski Kellen concluded that diagnosis nor treatment showed any correlation to the patient's social class.⁴⁴ The second chapter presents illustrative case studies of three individuals from the lower-, middle-, and upper-class nineteenth-century North. Although these individuals are not representative, they highlight an example of class and its impact on nineteenth-century mental health. Historically, lower class individuals struggled to gain equal access to medical services, due to their meagre wealth and social status. At

⁴³ Foote, *The Gentlemen and the Roughs*, 105-115.

⁴⁴ Mark Osborne Humphries, and Kurchinski Kellen, "Rest, Relax and Get Well: A Re-Conceptualisation of Great War Shell Shock Treatment," *War & Society* 27, no. 2 (2008): 95, accessed on October 10, 2020, <https://www-tandfonline-com.lynx.lib.usm.edu/doi/abs/10.1179/war.2008.27.2.89>.

times, many in the middle class also struggled. It was the upper class who often reaped the benefits of health care. This chapter argues that, although class continued to matter to mentally ill veterans coming out of the Civil War, mental health reformers' efforts strived to change this. Reformers worked to open state and federally run asylums that welcomed in patients, regardless of their socioeconomic class. Despite, the movements traction and strength in the post-war decades, the changes were not absolute and entirely effective, as many of the mentally ill in the lower class were still denied asylum access and instead sent to poorhouses.

Chapter three studies African American Union soldiers and their experience with combat-related mental trauma. This has been an understudied aspect in Civil War historiography. Research has recently emerged on the topic of former enslaved people and mental trauma associated with slavery, but these cannot simply be applied to the black northern military experience. This research will be laid out in that chapter. Not all African-American volunteers had been enslaved and while war and enslavement can share traumas, each has unique factors. Some recent scholarship has explored the nature of African-American military trauma in modern conflicts, including Christopher Frueh B., Kristine L. Brady, and Michael A. de Arellano's essay analyzing racial differences in combat-related PTSD in recent military conflicts. In this study, they concluded that while types of treatment differed among different ethnic groups, overall, there does not appear to be any significant differences between white and black combat veterans.⁴⁵ However,

⁴⁵ B. Christopher Frueh, Kristine L. Brady, and Michael A. de Arellano, "Racial Differences in Combat-Related PTSD: Empirical Findings and Conceptual," *Clinical Psychology Review* 18, no. 3 (1998): 300-301, accessed on October 12, 2020, <https://www.sciencedirect.com/science/article/abs/pii/S0272735897000871>.

African Americans in the Civil War era also faced mental trauma from slavery, racism, and racialized violence. These factors, on top of mental trauma accrued from combat, created significant differences in the experience of emotional suffering in the Civil War. Contemporary letters, and a substantial number of African American pension records (several of which mention insanity or lunacy) are used in this chapter to highlight the differences and similarities between white and black mental trauma among Union veterans.

The fourth chapter is dedicated to the familial reaction to a veteran's mental trauma. In the Civil War era, it was usually the family who took care of their own. Even with the assistance of massive government pension budgets for veterans and their spouses, the principal was to provide enough financial assistance to keep these men and women in the private care of families. When a veteran of the Civil War began acting in a manner that was not considered normal, at least by the standards for which they were described before the war, they typically received a diagnosis of insanity, mania, or lunacy and were treated at home or admitted to an asylum. For the latter group, asylum records have proven to be immensely useful to this research. The records determine what the patient was diagnosed with, if they served in the military, why they were admitted, and what their symptoms were. The records can often be traced to letters from family members demonstrating their concern for the patient, and further describing their situation.

The American Civil War was a conflict marked by instances of intense combat, horrific carnage, and widespread destruction. To the soldiers who suffered up to four years of fighting, the war was life changing. The mental trauma wrought by the war was

prevalent in the post-war lives of hundreds of thousands of soldiers. While military surgeons, physicians, and combatants of the Civil War had no clear diagnosis for this, their records help scholars explore the significant impact of mental trauma on the wartime and postwar generations. Considering the emotional suffering of Civil War combatants also contributes to a larger understanding of mental trauma as it relates to military history and how that understanding has evolved over the centuries of conflict.

CHAPTER II – BROKEN TOGETHER: THE RELATIONSHIP BETWEEN MENTAL TRAUMA AND CLASS STATUS

In the mid-nineteenth century the question of mental illness was a far more common topic than modern readers might assume. Many families quietly cared for suffering spouses, children, or parents, and contemporary literature from the Brönte sisters to Charles Dickens captured the confusion and hardships associated with nineteenth-century mental illness. But contemporaries suffered from a significant ignorance of the causes or suitable treatments of such ailments. Very few mental institutions existed. As medical historian Gerald N. Grob explained mental illness prior to the nineteenth century, “to most colonial Americans insanity was of concern because of its economic ramifications and potential threat to public safety. Medical considerations played virtually no role in shaping practices and customs.”⁴⁶ They defined insanity as a lack of moral guidance.⁴⁷ By the early 1800s, poorhouses or prisons housed most mentally ill patients, where they faced neglect and inhumane treatment. A few private asylums were open and available to families who could afford to them, but these were difficult for those of most white, native-born Americans to access and especially so for immigrants and people of color. Historian Alison R. Brown explained it this way:

⁴⁶ Gerald N. Grob, *Mad Among Us: A History of the Care of America's Mentally Ill* (New York: The Free Press, 1994), 17.

⁴⁷ Kang Ning, “Puritanism and Its Impact upon American Values,” *Review of European Studies* 1 no. 2 (December 2009), 149-151, accessed on June 27, 2021, <https://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.668.1315&rep=rep1&type=pdf>; This was a result of the strong influence Puritans held over Colonial America.

The first insane asylums founded were private (like the McLean Asylum for the Insane [Belmont, MA]), meaning that indigent insane patients could be admitted to hospitals supported by a combination of private donors (donations) and public funds (in the form of public and state subsidies). It is interesting to note that upper class patients, who could afford to pay for the asylum, were required to support themselves. After a while, unfortunately, reality set in and private funds were unable to support the poorer patients as public subsidies were fading away.⁴⁸

Therefore, asylums existed and were available for patient's use, but the vast majority were privately owned and charged for their service. This meant that many families who could not afford payments could not yet professionally treat their insane relatives.⁴⁹

Nineteenth-century mental health advocate Dorothea Dix (1802-1887) saw the plight of the mentally ill firsthand through her role as an educator in the East Cambridge Jail [Boston, MA]. In the mid-1800s, she wrote to several state legislatures and United States President Millard Fillmore, regarding the treatment of the mentally ill.⁵⁰ Not only was she disgusted with the current state of treatment for the mentally ill, but she also sought greater accessibility into asylums for lower-class patients. Dix worked tirelessly towards better treatment for mentally ill patients.

⁴⁸ Alison R. Brown, "Reform and Curability in American Insane Asylums of the 1840's: The Conflict of Motivation Between Humanitarian Efforts and the Efforts of the Superintendent "Brethren,"" *Constructing the Past* 15, no. 1 (2010), 22, accessed on October 26, 2020, <https://digitalcommons.iwu.edu/cgi/viewcontent.cgi?article=1124&context=constructing>.

⁴⁹ Lauren Hoopes, "On the Periphery: A Survey of Nineteenth-Century Asylums in the United States," MA Thesis (Clemson University, 2015), 5, accessed on April 28, 2021, https://tigerprints.clemson.edu/cgi/viewcontent.cgi?article=3128&context=all_theses.

⁵⁰ Benjamin Reiss, *Theaters of Madness: Insane Asylums and Nineteenth-Century American Culture* (Chicago: University of Chicago Press, 2008), 1-2.

Dix prescribed to the European method of caring for the mentally troubled, a practice known as “moral treatment.”⁵¹ An eighteenth-century idea, this dictated that the asylum acted as a place of refuge for the mentally ill until they could be cured. This practice dominated nineteenth-century thinking when it came to care for the mentally ill. Instead of restraints and secluded or overcrowded rooms, patients had access to comfortable rooms, good meals, and the outdoors. Patients attended entertainment in the form of lantern slide shows, received encouragement to exercise regularly, and had interactions with society outside the asylum. Doctors believed that the pleasantries would ease the patients’ mind and encourage them to forget about their past troubles.⁵² However, not all nineteenth-century doctors prescribed to the practice of moral treatment. Some preferred more direct methods of physical treatments in order to cure the afflicted. These included medical practices such as bleeding, leeching, cupping, and substantial doses of cathartics and emetics.⁵³ Although moral treatment was the dominant practice of the era, the latter half of the century saw these other forms of treatments become more popular, especially as the number of institutionalized people grew.

In 1848, Dix formally petitioned for the creation of more state and federally run mental institutions. At her urging, the United States House of Representatives and Senate passed a bill that dedicated government-owned property towards the construction of

⁵¹ Reiss, *Theaters of Madness*, 2.

⁵² Frances M. McMillen and James S. Kane, “Institutional Memory: The Records of St. Elizabeth’s Hospital at the National Archives,” National Archives, accessed October 30, 2020, <https://www.archives.gov/publications/prologue/2010/summer/institutional.html>; James W. Trent, Jr., “Moral Treatment,” Virginia Commonwealth University, accessed on March 14, 2021, <https://socialwelfare.library.vcu.edu/issues/moral-treatment-insane/>.

⁵³ John C. Waller, *Health and Wellness in 19th-Century America* (Santa Barbara, CA: Greenwood, 2014), 177.

government-run asylums for the mentally ill. In 1854, however, President Franklin Pierce vetoed the bill, citing issues with the government assuming the role of charity work.⁵⁴ While the bill did not pass, the public drawn attention to the debate propelled the issue forward. Construction of state and federal asylums continued throughout the country and researchers aimed to cure the mentally troubled.

Between 1840 and 1870, the number of public asylums grew significantly. In 1852, four years after the end of the Mexican-American War, the federal government, under pressure from Dix and others, took steps towards creating an asylum for military veterans. Officially called the Government's Hospital but better known as St. Elizabeth's Hospital, this asylum sought to provide "the most humane care and enlightened curative treatment" for veterans of the army and navy, as well as citizens of the District of Columbia.⁵⁵ By the eve of the Civil War, the mentally ill had received a notable amount of attention. State and federal governments continued to build asylums and the development of new forms of therapy progressed that included opioids, stimulants, and tonics.⁵⁶

The coming of the Civil War distracted this expansion and growth. As historian Benjamin Reiss explained: "The Civil War added new financial burdens on the states and diverted the nation's attention from the problems of mental illness and the promise of new treatments; additionally, it introduced a new generation of shell-shocked veterans

⁵⁴ Seaton W. Manning, "The Tragedy of the Ten-Million-Acre Bill," *Social Service Review* 36, No. 1 (March 1962), 45-47, accessed on November 1, 2020, https://www-jstor-org.lynx.lib.usm.edu/stable/30016764?seq=6#metadata_info_tab_contents.

⁵⁵ McMillen and Kane, "Institutional Memory," <https://www.archives.gov/publications/prologue/2010/summer/institutional.html>.

⁵⁶ <https://www.smithsonianmag.com/history/ptsd-civil-wars-hidden-legacy-180953652/?page=2>

whose disturbances presented challenges that the often complacent and programmatic asylum superintendents were ill equipped to handle."⁵⁷ The war preoccupied the nation on a financial, cultural, and social level, and created an unprecedented amount of battle-weary, mentally scarred veterans who witnessed intense violence and carnage.

Psychologists Judith Pizarro, Roxane Cohen Silver, and JoAnn Prause found this in a study of the post-war medical and pension records of Union veterans. The trio concluded that there was a strong correlation between exposure to traumatic events, such as combat and high inter-regiment losses, and post-war mental illness. They found that the intimate and violent nature of the war led to a 51% increase of cardiac, gastrointestinal, and nervous disease in men whose companies had experienced a high percentage of losses.⁵⁸ In addition, the men who had emerged from the war mentally struggling and broken by their experiences came from many different walks of life. Factors such as age, wealth, profession, and status divided them, but they found themselves on common ground when it came to their mental trauma. The new state and federally run asylums opened by Dix and other reformers welcomed in patients from all classes. The mental health reform sought to break down class as a factor in asylum accessibility. However, this attempt was not entirely effective because many individuals in the lower class still found themselves barred from equal access to mental health care.

Class boundaries need to be determined before an examination of the relationship between class and mental trauma can be achieved, though class in nineteenth-century

⁵⁷ Reiss, *Theaters of Madness*, 172.

⁵⁸ Judith Pizarro, Roxane Cohen Silver, and JoAnn Prause, "Physical and Mental Health Costs of Traumatic War Experiences Among Civil War Veterans," *Archives of General Psychiatry* 63, no. 2 (February 1, 2006): 200, accessed March 14, 2021, <https://doi.org/10.1001/archpsyc.63.2.193>.

America is difficult to define. Typically, according to most historical and modern-day research, class is broken down into three categories: the upper-, middle-, and lower-classes. Still, overlap exists amongst these classifications and class was often fluid during this time. But one approach toward a useful definition uses a “post-industrial theory.” Sociologist Daniel Bell builds off the concepts of “pre-industrial theory” and an “industrial theory.”⁵⁹ In short, a post-industrial society marks the shift from a production of goods to production of services. A post-industrialist society did not exist in the nineteenth century, but a “pre-industrial society” and an “industrial society” did. “A pre-industrial society” involved “family capitalism,” as Bell says, and encompassed the small-scale production of goods.⁶⁰ An “industrial society,” or a capitalist society is comprised of large-scale manufacturing and the mass production of goods. Each of these “societies” feature some level of class structure. Class was dependent on an individual’s ability to produce goods or services or to be used in the production process.

The other major historical theory involving class is “Marxist theory.” Devised by Karl Marx and Frederick Engels in the late-nineteenth century, Engels discussed “historical materialism,” the more common term for “Marxist theory,” in his book *Socialism: Utopian and Scientific*. Marx and Engels concluded that “historical materialism” meant economic wealth, and that materialism determined the structures of a society. Those who could control their own means of production belonged to the upper

⁵⁹ Daniel Bell, *The Coming of a Post-Industrial Society: A Venture in Social Forecasting* (New York: Basic Books, 1999), 85.

⁶⁰ Bell, *The Coming of a Post-Industrial Society*, 87.

class and those could not fit in to the lower class.⁶¹ Therefore, Marxist historians believe that economics, not ideas or social status, determine one's social class.

While these two theories compete to define class structure, this thesis argues that class is determined by an individuals' control over their own production. That control is inevitably tied to one's wealth. With that in mind, this work uses the value of an individual's real estate and personal estate marked on federal census records in the 1850s, 1860s, and 1870s to approximate the individual's economic class status. Real estate or property, as defined by the United States Census Bureau, "contain(ed) the value of all real estate owned by the person enumerated, without any deduction on account of mortgage or other encumbrance, whether within or without the census subdivision or the county. The value meant is the full market value, known or estimated."⁶² Personal estate was "inclusive of all bonds, stocks, mortgages, notes, live stock, plate, jewels, or furniture, but exclusive of wearing apparel."⁶³ Admittedly, there are flaws to this approach. People may have misrepresented their wealth to some degree, and census enumerators approached their work with their own biases. Still, these records provide some of the few quantitative insights available into poor and middle-class Civil War Americans' lives. However, it is not simply a number on the census record that determines one's class in nineteenth-century America.⁶⁴ Social factors played a role in one's class. Richard Lyman Bushman claims that all classes in the nineteenth century pursued "gentility," not just the

⁶¹ Frederick Engels, *Socialism: Utopian and Scientific*, trans. Edward Aveling (Chicago: Charles H. Kerr & Company, 1914), 4-13.

⁶² "1870 Census Instructions to Enumerators," United States Census Bureau, accessed October 30, 2020, <https://www.census.gov/programs-surveys/decennial-census/technical-documentation/questionnaires/1870/1870-instructions.html>.

⁶³ "1870 Census Instructions to Enumerators."

⁶⁴ This study focuses on the North. Class status and professions differed greatly in the South, as the institution of slavery changed the role of employers and employees greatly.

wealthy.⁶⁵ The middle-class, he argues, partook in the “genteel culture” of the upper class to blend their class differences and improve their status and access to forms of wealth and power.⁶⁶ This can make it difficult to determine an individual’s class during this period, even with census information. Therefore, this thesis also uses an individual’s profession to determine the economic class that individual belonged to. One’s profession reveals much about his or her class status, or the status that a husband, father, or brother imposed on women in their household. It also offers insight into the wealth they could have accumulated, and the individual’s possible control over his or her own production.⁶⁷ Lastly, certain jobs carried weight in the social sphere, and held greater value over others.⁶⁸ The lower class included professions such as poor farmers and laborers. The middle-class encompassed professions such as craftsmen, wealthy farmers, or poor business owners. The upper class consisted of professions such as doctors, wealthy business owners, and investors.⁶⁹ Historian Matthew D. Hintz organizes the economic classes of this era by profession or working status as well. He argues, “the 19th century, more so than the 20th and 21st centuries, was one in which social structures were highly defined and hierarchical. White, elite Protestant families formed the top of this hierarchy followed by those of middle-class dispositions, the master craft and yeoman class,

⁶⁵ “Gentility” in this case is an adjective of the upper class meaning respectable or well-off.

⁶⁶ Richard Lyman Bushman, *The Refinement of America: Persons, Houses* (New York: Vintage Books, 1993), xv-xvii.

⁶⁷ If workers were employed by someone else, they did not control their own means of production. If they were able to make their own business decisions for themselves, they controlled their means of production.

⁶⁸ A doctor would be viewed as a higher class than a laborer on the railroad, for example.

⁶⁹ These are extreme generalizations. Many more professions could be grouped into each of these categories. Also, note the overlap between the lower and middle and middle and upper classes. This thesis used wealth and the ability to control one’s means of production to separate certain professions between the classes.

industrial laborers, servants, and slaves in the South or free African Americans in the North."⁷⁰ This breakdown of class using profession helps gauge an individual's socio-economic status during the Civil War era.

This chapter uses three individuals—Owen Flaherty, Erastus Holmes, and Newell Gleason—to examine the relationship of class to post-war trauma. They all had different pre-war experiences, but similar post-war outcomes. Although these three individuals are not representative of the entirety of northern Civil War veterans, they are illustrative examples of class and mental health in the nineteenth century. Each fits into one of the three economic classes: Flaherty in the lower-class, Holmes in the middle-class, and Gleason in the upper-class. They are categorized based on their professions, income, and amount of real estate and personal estate owned. Through Flaherty, Holmes, and Gleason, this chapter will argue that the mental health reform led by Dorothea Dix, and the opening of new state and federally run asylums, sought to reduce the impact of class as a factor on asylum accessibility. Although all three of these individuals eventually gained access to the same state-run institution, their class status still impacted their ease of accessibility. Flaherty, the lower-class individual, was still sent to the poorhouse before he was allowed entry into the asylum. Gleason, the upper-class individual, was granted immediate access. This demonstrates that despite the work of Dix and other mental health reformers, their efforts could not completely eliminate class as a factor in asylum accessibility.

⁷⁰ Matthew D. Hintz, "Class Conflict in the Union and the Confederacy," Essential Civil War Curriculum, accessed November 1, 2020, <https://www.essentialcivilwarcurriculum.com/class-conflict-in-the-union-and-the-confederacy.html>.

Born in Galway, Ireland on December 26, 1821, Owen Flaherty married Mary Cottingham in 1845. In 1847, they had their first son, John, and two years later, they emigrated to the United States, arriving in New Orleans, Louisiana. By 1850, Owen and his family had moved to Terre Haute, Vigo County, Indiana.⁷¹ There, Owen worked as a laborer.⁷² The couple had four more children by 1860. Flaherty enlisted in the Union Army on August 21, 1862, and he mustered into Company C of the 125th Illinois Infantry Regiment as a private several weeks later on September 3.⁷³

Flaherty and the 125th Illinois witnessed combat for the first time at the Battle of Perryville, Kentucky (October 1862), although the unit did not participate in the battle, acting instead as a reserve. Following that fight, the regiment received instructions to perform garrison duty in Nashville, Tennessee. They remained there until orders called them back to the front lines in August 1863. The unit arrived in time to experience the Battle of Chickamauga, Tennessee (September 1863) and went on to see heavy fighting in the Siege of Chattanooga, Tennessee (September-November 1863). At the Battle of Missionary Ridge, Tennessee (November 1863), the unit came under bombardment from several enemy batteries.⁷⁴ The unit was awakened by an artillery bombardment just before daylight. The men scrambled to not only get up, get dressed, and organize itself

⁷¹ "Pioneer Woman Dead," *The Daily Tribune*, January 3, 1903, accessed November 2, 2020, <https://newspapers.library.in.gov/cgi-bin/indiana?a=d&d=DT19030103.1.2&e=-----en-20--1--txt-txIN---->.

⁷² Owen Flaherty. Year: 1860; Census Place: Terre Haute Ward 4, Vigo, Indiana; Page: 521; Family History Library Film: 803303.

⁷³ The 125th Illinois Regiment was formed out of Vermillion and Champaign Counties, Illinois. Vermillion County sits on the border of Indiana, in relatively close proximity to Terre Haute, which helps explain why Flaherty was mustered into the unit; "Battle Unit Details: 125th Regiment, Illinois Infantry," National Park Service, accessed on November 7, 2020, <https://www.nps.gov/civilwar/search-battle-units-detail.htm?battleUnitCode=UIL0125RI>.

⁷⁴ "Battle Unit Details: 125th Regiment."

into battle lines, but also to avoid the incoming shells, which were exploding all around them. Shortly after the chaos of the bombardment, friendly batteries silenced the enemy guns. This was not before the regiment had lost several men, killed and wounded. This event rattled many of the men, who could not get over the fact that one minute they had been peacefully sleeping, and the next, face-to-face with exploding death.⁷⁵

Despite the setback, Flaherty and the unit went on to see combat at the Battle of Resaca, Georgia (May 1864). They also participated in the assault on Kennesaw Mountain, Georgia (June 1864), where the 125th Illinois saw some of its most intense fighting. According to the *Adjutant General's Report*, "The loss to the Regiment was 120 killed and wounded in the short space of twenty minutes, nearly half of whom, including five officers, were killed outright, and four officers wounded."⁷⁶ Flaherty's regiment continued to engage in the hard-fought Atlanta Campaign (July-August 1864), followed by the Siege of Savannah (December 1864) and the Carolina Campaign (January-April 1865). The fighting here was ferocious. Union and Confederate soldiers clashed for months of hard and frequent fighting. Thousands perished as the Union forces pushed deeper into the South against stubborn Confederate defenders. Flaherty and the regiment witnessed the surrender of Confederate General Joseph Johnston's Army of the Tennessee before they received orders to march to Washington D.C. Flaherty and the 125th Illinois participated in the Grand Review before the unit disbanded on June 9, 1865.⁷⁷

⁷⁵ Susan Tortorelli, "125th Illinois Infantry Regiment History," IllinoisGenWeb.org, first accessed on October 24, 2020, <https://civilwar.illinoisgenweb.org/history/125.html>.

⁷⁶ Tortorelli, "125th Illinois Infantry."

⁷⁷ "Battle Unit Details: 125th Regiment."

While few sources exist directly from Flaherty, contemporary records reveal that even before the war ended, Flaherty's mental stability changed dramatically, at least according to his fellow soldiers. While he was once social and merry, "seeing the elephant" changed him.⁷⁸ He became a recluse and short in his replies. He had trouble falling asleep and would often talk to himself about how his family would never see him alive again. By 1864, his situation worsened. Flaherty began to wander off alone, away from his company's encampment. He began threatening to kill his fellow soldiers, and while on picket duty in 1865, he ran back to the main line yelling that the enemy was approaching, when in fact, no enemy force was nearby.⁷⁹ He survived the war physically unscathed but mentally troubled.

Flaherty returned home to Terre Haute, Indiana, as soon as he mustered out, and struggled to return to his prewar life. Contemporaries believed, that "he [Flaherty] came out of the army in 1865 insane. He has been insane ever since."⁸⁰ In the winter of 1865-1866, he woke up one night and declared "they have moved camp-by golly." He got out of bed, got dressed, and left for several hours. His wife, Mary, noted that he would often run away when he thought "they were firing on him with guns."⁸¹ Flaherty tried to hold

⁷⁸ "Seeing the elephant" is Civil War terminology for experiencing battle for the first time.

⁷⁹ Affidavit of Matthew Gray, April 4, 1889, quoted in Eric T. Dean Jr., *Shook Over Hell: Post-Traumatic Stress, Vietnam, and the Civil War* (Cambridge: Harvard University Press, 1997), 2.

⁸⁰ "Big Pension for an Indiana Man," *Daily Illinois State Journal*, February 21, 1890, accessed November 2, 2020, https://www.genealogybank.com/doc/newspapers/image/v2%3A13D09C142C972071%40GB3NEWS-13D5364AA9F1DE57%402411420-13D1E7A3764B7C5B%400-13D1E7A3764B7C5B%40?h=23&fname=owen&mname=&lname=flaherty&kwinc=&kwexc=&pq=1&pr_ebuy=no&intver=7D_6M&CCPRODCODE=&s_trackval=&s_referrer=&s_siteloc=&kbid=69919&rgfromDate=1850&rgtoDate=1903&formDate=&formDateFlex=exact&dateType=range&state%5B0%5D=illinois&state%5B1%5D=indiana&state%5B2%5D=louisiana&processingtime=&addedFrom=&addedTo=&page=1&sid=qphkkccvqhfpslbpibnzvgjezunsakup_wma-gateway010_1603918144189.

⁸¹ Affidavit of Mary Flaherty, June 22, 1886, quoted in Eric T. Dean Jr., *Shook Over Hell: Post-Traumatic Stress, Vietnam, and the Civil War* (Cambridge: Harvard University Press, 1997), 2.

his job as a manual laborer in a blast furnace, but could not focus on his work.⁸² By 1870, the management relieved him, so Flaherty sought employment at the railroad.⁸³ Eventually, he quit working altogether, unable to hold down a steady job. He angered easily and the police responded to complaints several times. Notably, this behavior was not a private matter. An 1874 article from the *Indianapolis Sentinel* stated that Flaherty drove his family from their property with a pitchfork, and resisted arrest when authorities arrived. The article declared him insane.⁸⁴ However, it was not until 1876 that officials committed Flaherty in the Indiana Hospital for the Insane with acute mania.⁸⁵ His inquest records reveal that state officials concluded that Flaherty's insanity was a direct result of his “exposure and hardships in the War of the Rebellion.”⁸⁶ But the asylum was only interested in treating curable cases of insanity, so doctors sent Flaherty to the local poor house, despite officials' recognition that Flaherty's mental illness was not caused by poverty.⁸⁷ From the perspective and practices of the Indiana Hospital for the Insane, however, Flaherty was simply too ill to treat. By 1890, local newspapers noted that “he

⁸² Affidavit of Thomas Maloy, June 21, 1886, quoted in Eric T. Dean Jr., *Shook Over Hell: Post-Traumatic Stress, Vietnam, and the Civil War* (Cambridge: Harvard University Press, 1997), 2.

⁸³ Owen Flaherty. Year: 1870; Census Place: Florida, Parke, Indiana; Roll: M593_349; Page: 55A; Family History Library Film: 545848.

⁸⁴ “The State At Large,” *Indianapolis Sentinel*, July 9, 1874, accessed November 2, 2020, [https://www.genealogybank.com/doc/newspapers/image/v2:11B56245AD1D9352@GB3NEWS-11C545DAC7D2A3C8@2405714-11C545DB0D3512B0@5-11C545DBE77B8370@The%20State%20at%20Large.%20Reflex%20of%20the%20Indiana%20Press?h=4&fname=owen&mname=&lname=flaherty&kwinc=&kwexc=&pq=1&prebuy=no&intver=7D_6M&CCPR_ODCODE=&s_trackval=&s_referrer=&s_siteloc=&kbid=69919&rgfromDate=&rgtoDate=&formDate=&formDateFlex=exact&dateType=range&state\[0\]=illinois&state\[1\]=indiana&processingtime=&addedFrom=&addedTo=&sid=ltprzjemzvblsltyfvkqbhafgxtzbcm_wma-gateway001_1603917726181](https://www.genealogybank.com/doc/newspapers/image/v2:11B56245AD1D9352@GB3NEWS-11C545DAC7D2A3C8@2405714-11C545DB0D3512B0@5-11C545DBE77B8370@The%20State%20at%20Large.%20Reflex%20of%20the%20Indiana%20Press?h=4&fname=owen&mname=&lname=flaherty&kwinc=&kwexc=&pq=1&prebuy=no&intver=7D_6M&CCPR_ODCODE=&s_trackval=&s_referrer=&s_siteloc=&kbid=69919&rgfromDate=&rgtoDate=&formDate=&formDateFlex=exact&dateType=range&state[0]=illinois&state[1]=indiana&processingtime=&addedFrom=&addedTo=&sid=ltprzjemzvblsltyfvkqbhafgxtzbcm_wma-gateway001_1603917726181).

⁸⁵ This diagnosis was similar to insanity. Mania was a disorder categorized by increased and often uncontrollable levels of excitement or intense mood swings.

⁸⁶ Owen Flaherty, “State of Indiana, Vigo County: SS,” (State Hospital Inquest, Indiana Digital Archives, 1874), 2.

⁸⁷ Eric T. Dean Jr., *Shook Over Hell: Post-Traumatic Stress, Vietnam, and the Civil War* (Cambridge: Harvard University Press, 1997), 3; Asylums in this time period aimed to “cure” insanity. Cases that were deemed “uncurable” were turned away if the asylum was already at full capacity.

[Flaherty] is now in the poor-house for the purpose of preventing him from being at large – not on account of poverty. He thinks that he owns the poor-house and is the manager of the institution.”⁸⁸ Flaherty remained there until 1885. His location for the next five years is unknown, but Flaherty may have developed blindness during that time, which contemporaries connected to his mental disturbances related to the war.⁸⁹ By 1890, this seems to have been enough to admit Flaherty to the Indiana Hospital for the Insane. The mental reform under Dix had been slowly removing poor houses and replacing them with state and federal asylums. He was admitted because he was a danger to himself and those around him. The hospital could isolate and watch over him. He remained there until his death in 1904.⁹⁰

⁸⁸ “Back-Pension Payment of Over \$13,000 to an Insane Ex-Soldier,” *Indianapolis Journal*, February 20, 1890, accessed November 2, 2020, [https://www.genealogybank.com/doc/newspapers/image/v2:16A0C163565C3955@GB3NEWS-164550195D5C9B96@2411419-1645502862E7425E@2-1645502862E7425E@?h=4&fname=owen&mname=&lname=flaherty&kwinc=&kwexc=&pq=1&prebuy=no&intver=7D_6M&CCPRODCODE=&s_trackval=&s_referrer=&s_siteloc=&kbid=69919&rgfromDate=&rgtoDate=&formDate=&formDateFlex=exact&dateType=range&state\[0\]=illinois&state\[1\]=indiana&state\[2\]=louisiana&processingtime=&addedFrom=&addedTo=&sid=nmfwtelhyopbzdmkqdlsmnwyjkkhlvduc_wma-gateway001_1603918070217](https://www.genealogybank.com/doc/newspapers/image/v2:16A0C163565C3955@GB3NEWS-164550195D5C9B96@2411419-1645502862E7425E@2-1645502862E7425E@?h=4&fname=owen&mname=&lname=flaherty&kwinc=&kwexc=&pq=1&prebuy=no&intver=7D_6M&CCPRODCODE=&s_trackval=&s_referrer=&s_siteloc=&kbid=69919&rgfromDate=&rgtoDate=&formDate=&formDateFlex=exact&dateType=range&state[0]=illinois&state[1]=indiana&state[2]=louisiana&processingtime=&addedFrom=&addedTo=&sid=nmfwtelhyopbzdmkqdlsmnwyjkkhlvduc_wma-gateway001_1603918070217).

⁸⁹ *Evansville Courier and Press*, April 18, 1898, accessed November 2, 2020, [https://www.genealogybank.com/doc/newspapers/image/v2:1425EEA2CB57B634@GB3NEWS-145281D35347FB61@2414398-14527946907E12A8@4-14527946907E12A8@?h=21&fname=owen&mname=&lname=flaherty&kwinc=&kwexc=&pq=1&prebuy=no&intver=7D_6M&CCPRODCODE=&s_trackval=&s_referrer=&s_siteloc=&kbid=69919&rgfromDate=1850&rgtoDate=1903&formDate=&formDateFlex=exact&dateType=range&state\[0\]=illinois&state\[1\]=indiana&state\[2\]=louisiana&processingtime=&addedFrom=&addedTo=&page=1&sid=qphkkccvqhfpslbpibnzvgjezunsakup_wma-gateway010_1603918144189](https://www.genealogybank.com/doc/newspapers/image/v2:1425EEA2CB57B634@GB3NEWS-145281D35347FB61@2414398-14527946907E12A8@4-14527946907E12A8@?h=21&fname=owen&mname=&lname=flaherty&kwinc=&kwexc=&pq=1&prebuy=no&intver=7D_6M&CCPRODCODE=&s_trackval=&s_referrer=&s_siteloc=&kbid=69919&rgfromDate=1850&rgtoDate=1903&formDate=&formDateFlex=exact&dateType=range&state[0]=illinois&state[1]=indiana&state[2]=louisiana&processingtime=&addedFrom=&addedTo=&page=1&sid=qphkkccvqhfpslbpibnzvgjezunsakup_wma-gateway010_1603918144189).

⁹⁰ “Big Pension and Back Pay,” *Elkhart Daily Review*, April 24, 1890, accessed November 3, 2020, [https://www.genealogybank.com/doc/newspapers/image/v2:12BF1E0442A6C988@GB3NEWS-12C8A4DC877CEE30@2411482-12C89E6F224D8380@0-12C89E6F224D8380@?h=22&fname=owen&mname=&lname=flaherty&kwinc=&kwexc=&pq=1&prebuy=no&intver=7D_6M&CCPRODCODE=&s_trackval=&s_referrer=&s_siteloc=&kbid=69919&rgfromDate=1850&rgtoDate=1903&formDate=&formDateFlex=exact&dateType=range&state\[0\]=illinois&state\[1\]=indiana&state\[2\]=louisiana&processingtime=&addedFrom=&addedTo=&page=1&sid=qphkkccvqhfpslbpibnzvgjezunsakup_wma-gateway010_1603918144189](https://www.genealogybank.com/doc/newspapers/image/v2:12BF1E0442A6C988@GB3NEWS-12C8A4DC877CEE30@2411482-12C89E6F224D8380@0-12C89E6F224D8380@?h=22&fname=owen&mname=&lname=flaherty&kwinc=&kwexc=&pq=1&prebuy=no&intver=7D_6M&CCPRODCODE=&s_trackval=&s_referrer=&s_siteloc=&kbid=69919&rgfromDate=1850&rgtoDate=1903&formDate=&formDateFlex=exact&dateType=range&state[0]=illinois&state[1]=indiana&state[2]=louisiana&processingtime=&addedFrom=&addedTo=&page=1&sid=qphkkccvqhfpslbpibnzvgjezunsakup_wma-gateway010_1603918144189).

Erastus Holmes was born in Warren, Ohio, on March 2, 1832, to Reverend Giles Holmes and Martha Matheny. By 1850, his family had moved to Clark Township, Indiana, where Erastus, then eighteen-years-old, and his father worked as chairmakers.⁹¹ On October 26, 1852, at the age of twenty-one, he married Annis “Annie” R. Parmer. A year later, the couple welcomed their first child, Emma Frances Holmes. Two years afterword, they welcomed a son, James Oscar Holmes into their family. By 1860, Erastus Holmes’s family moved in Franklin, Indiana. Holmes took to painting, but made a meagre living compared to his neighbors.⁹² On August 14, 1862, he enlisted in the Union Army, and entered Company F of the 5th Indiana Cavalry as a Quartermaster Sergeant.⁹³

Holmes and his unit saw action during the Knoxville Campaign in Tennessee (November-December 1863), the Battle of Resaca, Georgia (May 1864), and the Atlanta Campaign (May-September 1864), all of which involved significant combat. The unit also participated in many smaller raids into Confederate territory throughout 1863 and 1864. Although most quartermaster sergeants did not see combat and instead controlled company logistics, Holmes experienced battle while on some raids, and even helped capture an enemy’s regimental flag.⁹⁴ As the Union pushed farther into the Deep South, command sent the 5th Indiana on an increased number of raids. After a miscalculation

⁹¹ Erastus Holmes [Erastus Holmes]. Year: 1850; Census Place: Clark, Johnson, Indiana; Roll: 155; Page: 3a.

⁹² Erastus Holmes. Year: 1860; Census Place: Franklin, Johnson, Indiana; Page: 696; Family History Library Film: 803271.

⁹³ The 5th Indiana Cavalry was officially recognized as the 90th Regiment of Volunteers in the Union Army.

⁹⁴ Robert Houghtalen, *A Hoosier in Andersonville* (Bloomington, IN: AuthorHouse, 2013), 98.

from their commanding officer during a failed raid in Macon, Georgia on July 31, 1864, Holmes and 440 men of the 5th Indiana Cavalry had to surrender.⁹⁵ He and many men in the regiment rode by train to Andersonville Prison in Georgia, where they remained as prisoners of war. Holmes' yearlong experiences at Andersonville were harsh. He endured disease, exposure, and starvation, as well as abuse from his Confederate captors.⁹⁶

By the time of his release at the war's end in 1865, Holmes weighed only eighty-five pounds. This was thirty-five pounds less than he weighed when he entered military service. Years later, a physician noted that "his constitution was racked and broken down when I first saw him after the war." Holmes's sister recalled that "he was the poorest looking object I ever saw," and that "he could scarcely walk at all."⁹⁷ Eventually, his body recovered from the physical injuries it sustained while in Andersonville. His mind, however, did not. Holmes told his sister that "while he was there [Andersonville] all that time he did not think he would live three months, and that he did not care to live; that his health was all shattered and the would never be able to do anything."⁹⁸ Holmes became obsessed with talking about his experience at Andersonville to the point where he recreated a replica of the prison in his yard and would show it to visitors.⁹⁹ In 1870, he was living in Indianapolis, Indiana, with his family, trying his hand at painting again. Still, he struggled to make money for his family.¹⁰⁰ After his mental health continued to

⁹⁵ Houghtalen, *Hoosier*, 132.

⁹⁶ Houghtalen, *Hoosier*, 50.

⁹⁷ Affidavit of James M. Carvin, February 14, 1887, quoted in Eric T. Dean Jr., *Shook Over Hell: Post-Traumatic Stress, Vietnam, and the Civil War* (Cambridge: Harvard University Press, 1997), 85.

⁹⁸ Affidavit of Josephine Alexander, February 11, 1887, quoted in Eric T. Dean Jr., *Shook Over Hell: Post-Traumatic Stress, Vietnam, and the Civil War* (Cambridge: Harvard University Press, 1997), 86.

⁹⁹ Affidavit of Maurice J. Berry, February 11, 1887, quoted in Eric T. Dean Jr., *Shook Over Hell: Post-Traumatic Stress, Vietnam, and the Civil War* (Cambridge: Harvard University Press, 1997), 86.

¹⁰⁰ Erastus Holmes. Year: 1870; Census Place: Indianapolis Ward 5 (2nd Enum), Marion, Indiana; Roll: M593_339; Page: 308B; Family History Library Film: 545838.

deteriorate, Holmes's daughter had him committed to the Indiana Hospital for the Insane on November 19, 1885, where staff noted that his symptoms of insanity were strongest when he recalled his experiences at Andersonville Prison.¹⁰¹ When Holmes was alone at the asylum, the staff overheard him talking with "himself about the war, about generals, heroic deeds, and the necessity of escaping prison so that he could report to General Sherman."¹⁰² Holmes remained confined in the asylum until his death in 1911.

Born in Wardsboro, Vermont, on August 11th, 1824, Newell Sargeant grew up in nearby Jamaica, Vermont. Just before enrolling in Norwich University, he changed his name to Newell Gleason, although the reason for this is undetermined. Gleason graduated with a Bachelor of Science in 1849 and left for Ohio, where he married Nancy E. Mitchell around 1855. In 1857, the couple welcomed their first and only child, Mary Gleason. The family moved to Laporte, Indiana, a year later. Gleason accepted a commission in the Union army as a Lieutenant Colonel on August 28, 1862.¹⁰³ He entered the 87th Indiana Infantry Regiment three days later.¹⁰⁴

On March 21, 1863, the 87th Indiana's commanding officer resigned. Within a day, Gleason received a promotion to Colonel, placing him in full command of the regiment. He and the unit participated in several historic and bloody conflicts including the Battle of Perryville, Kentucky (October 1862), the Battle of Chickamauga, Tennessee

¹⁰¹ Erastus Holmes, "State of Indiana. Record of Inquest as to the Insanity of," (State Hospital Inquest, Indiana Digital Archives, 1888), 2-3.

¹⁰² Pension Medical Board Reports, July 24, 1891, quoted in Eric T. Dean Jr., *Shook Over Hell: Post-Traumatic Stress, Vietnam, and the Civil War* (Cambridge: Harvard University Press, 1997), 2.

¹⁰³ Newell Gleason, Year: 1870; Census Place: La Porte, La Porte, Indiana; Roll: M593_334; Page: 189A; Family History Library Film: 545833.

¹⁰⁴ Dean, *Shook Over Hell*, 150-153.

(September 1863), the Siege of Chattanooga, Tennessee (September-November 1863), the Battle of Missionary Ridge, Tennessee (November 1863), the Battle of Kennesaw Mountain, Georgia (June 1864), and Sherman's March to the Sea through Georgia (Late 1864-Early 1865). Initially, Gleason's commanding officers described him as an able officer who acted with "coolness and great promptness."¹⁰⁵ Another officer said he "deserve(s) the highest praise for the manner in which this affair was conducted."¹⁰⁶ During the Chickamauga Campaign, a fellow officer commended him for demonstrating heroic conduct during battle.¹⁰⁷ In fact, when his commanding officer fell ill on June 27, 1864, Gleason took command of the Second Brigade, Third Division, and was able to retain the commanding position.¹⁰⁸ After the Atlanta Campaign, Brigadier General and commanding officer of the Third Division Absalom Baird, singled out three of his colonels that commanded brigades: "Their devotion to duty, their bravery in action, and their distinguished services throughout the campaign, merit reward, and I recommend them for promotion or brevets." After receiving no response, Baird sent his request again following the Savannah Campaign, "to ask for [sic] their promotion, at least by brevet, to the rank of Brigadier-General." Colonel Newell Gleason finally received his promotion to Brevet Brigadier General on March 13, 1865. He took temporary command of the

¹⁰⁵ United States War Department, et. al., *The War of the Rebellion: A Compilation of the Official Records of the Union and Confederate Armies*, vol. XLII, ser. 1 (Washington, D.C.: Government Printing Office, 1885), 196, accessed on November 5, 2021, <https://babel.hathitrust.org/cgi/pt?id=coo.31924080796638&view=1up&seq=451&q1=431>.

¹⁰⁶ United States War Department, et. al., *The War of the Rebellion: A Compilation of the Official Records of the Union and Confederate Armies*, vol. L, ser. 1, (Washington, D.C.: Government Printing Office, 1885), 745, accessed on November 5, 2021, <https://ehistory.osu.edu/books/official-records/072/0745>.

¹⁰⁷ War Department, *The War of the Rebellion*, vol. XXX, ser. 1, 85.

¹⁰⁸ War Department, *The War of the Rebellion*, vol. L, ser. 1, 96.

entire Third Division on June 9, 1865. A day later, he and the 87th Indiana Infantry Regiment, his original unit, disbanded on June 10 that year.

After the war, Gleason returned home to Laporte, Indiana, where he became a real estate agent in 1865. He continued this job until mid-1866. By December of that year, he took another position as an architect. Sometime before 1870, he made yet another career change, as a civil engineer.¹⁰⁹ Gleason made a good living in each profession. Yet not all seemed right with Newell Gleason. Friends and family noticed he seemed different than he was before he went off to war. Gleason would, at times, break down and weep for no apparent reason or laugh uncontrollably without context. His inability to hold down a consistent job following the war could be indicative of mental trauma, although no records officially confirm this.¹¹⁰ However, Gleason's wife, Nancy, provided a possible connection between his inability to maintain a profession and his mental stability. She noted he would suffer bouts of depression and lacked willpower, making him unable to concentrate on tasks. Eventually, after a violent outbreak on November 26, 1874, Nancy Gleason had her husband admitted to the Indiana State Hospital for the Insane. His inquest papers noted that Gleason "becomes much excited. Supposes he is in battle gives commands."¹¹¹ This specific symptom provides insight into the differences between an enlisted man's and an officer's mental traumas. Each rank had entirely different responsibilities and experiences throughout the war. An enlisted man had to be

¹⁰⁹ Gleason, year: 1870; Census Place.

¹¹⁰ No known records of Gleason's employers or fellow workmates explain his intense career shift in the late 1860s but historians suspect this is due to his deteriorating mental health; Dean, *Shook Over Hell*, 151.

¹¹¹ Newell Gleason, "State of Indiana. Record of Inquest as to the Insanity of," (State Hospital Inquest, Indiana Digital Archives, 1888), 2.

disciplined enough to follow orders. They marched long miles on their feet, received basic food rations, and were in the thick of combat doing the heavy fighting. An officer, on the other hand, was the one issuing orders. They carried great responsibility. Many officers had to wrestle with the fact that the decisions they made could, and often would, result in the deaths of his men. While they too entered combat on the front lines, depending on the officers' rank, they were not fixated on fighting the enemy, but rather leading their command. Gleason rose the ranks, and experienced combat through a different lens than the rank and file who served under him. After the war, his sleep patterns were irregular, and he would find himself waking up restless and in anguish. Eventually, after less than a year, however, the asylum released him since he had shown improvement. By 1880, he was back home in Laporte, Indiana, working as a surveyor.¹¹² However, his mental stability did not continue to improve. In 1886, after a night of no sleep, Gleason threw himself down his cellar staircase, fatally fracturing his skull. A physician concluded that Gleason's condition and suicide had been "induced by disorders and hardships incurred in the U.S. Military Service."¹¹³

It is worth noting that Flaherty, Holmes, and Gleason were all late enlistees. Each of them waited until August 1862 to enlist. This warrants an investigation into the relationship between late enlistees and mental trauma. When the war broke out in April of 1861, volunteers in both the North and the South responded in great numbers. The

¹¹² Newell Gleason. Year: 1880; Census Place: *La Porte, La Porte, Indiana*; Roll: 292;

Page: 217D; Enumeration District: 087.

¹¹³ Federal pension file of Newell Gleason [Col. 87 Ind. Inf.], National Archives, quoted in Eric T. Dean Jr., *Shook Over Hell: Post-Traumatic Stress, Vietnam, and the Civil War* (Cambridge: Harvard University Press, 1997), 2.

whole country seemed enveloped in the *rage militaire* of the coming conflict. However, a substantial number of men did not respond to the call to arms in 1861. James McPherson's study on the motivations of Civil War soldiers revealed that ideology and a strong belief in the cause of their country motivated many soldiers to enlist and fight. Ideology and cause made the sacrifices of war worth it for many soldiers.¹¹⁴ As historian Kenneth W. Noe argues, late enlistees were less motivated by ideology or cause but more motivated by family, community, and protecting those they cared for.¹¹⁵ By piecing together these two important historiographical arguments reveals that many late enlistees did not have a purpose-driven motivation to protect them from the horrors of war. These horrors could, and in many cases did, come back to haunt them after the war. There are certainly exceptions to this. Many immediate volunteers still experienced mental trauma while many late enlistees did not. Still, the connection between later enlistment and mental trauma as a result of differing motivations is worth recognizing.

These three individuals—Flaherty, Holmes, and Gleason—serve as illustrative examples of lower-, middle-, and upper-class volunteers who served in the Union Army between 1861 and 1865. Flaherty owned no real estate in 1860 and only possessed \$50 in personal estate.¹¹⁶ His financial prospects after the war fared no better. However, as previously discussed, wealth alone did not determine an individual's class in the nineteenth century; an individual's profession must be considered, too. Flaherty, for much

¹¹⁴ James M. McPherson, *For Cause and Comrades: Why Men Fought in the Civil War* (New York: Oxford Publishing Press, 1997), 104-116.

¹¹⁵ Noe focuses on late enlistees in the South. However, his study can be applied to Northern soldiers as well; Kenneth W. Noe, *Reluctant Rebels: The Confederates Who Joined the Army after 1861* (Chapel Hill, NC: University of North Carolina Press, 2010).

¹¹⁶ Flaherty. Year: 1860; Census.

of his life, was a laborer, likely in low-paying, labor intensive jobs. After the war, Flaherty took up work in a blast furnace, but by 1870, the blast furnace supervisors relieved him of his position, so he worked on the railroad, another laboring job.¹¹⁷ On top of this, each position he worked required that he labor for others, giving Flaherty had no control over his own means of production. In 1870, the average daily wage of a laborer was \$1.46.¹¹⁸ This is \$0.74 lower than the national average income the same year.¹¹⁹ In 1860, forty-three percent of Terra Haute, Indiana's residents owned real estate. The average amount of real estate owned was \$452, while the average amount of personal estate owned was \$277. Flaherty possessed only \$50 in personal estate and owned no property. Eighty-three percent of the city's residents owned more personal estate than Flaherty. Only eight percent owned the same amount of personal estate. However, Flaherty was among a considerable number of laborers, even if they owned slightly more in personal estate than he did. Fifty-three percent of the town's residents belonged to the lower class.¹²⁰ Some other lower-class level positions on this census record include servants, machinists, and factory workers. Other national lower-class positions include construction, railroad labor, brick layer, teamsters, bricklayers, field hands, and mill workers. Each of these occupations were low-paying and prevented the employee from making his or her own business decisions. Clearly, Flaherty was a member of the lower-

¹¹⁷ Holmes. Year: 1870; Census.

¹¹⁸ United States Department of Labor, et. al., *Bulletin of the Department of Labor*, vol. III, ser. 18 (Washington, D.C.: Government Printing Office, 1898), 677, accessed November 5, 2020, https://fraser.stlouisfed.org/files/docs/publications/bls/bls_v03_0018_1898.pdf.

¹¹⁹ Department of Labor, *Bulletin*, 668.

¹²⁰ These statistics are based of the 1860 Census record of Terra Haute, Indiana. I wrote down the profession, real estate, and personal estate values eighty employees above the age of eighteen adjacent to Flaherty on the document. I then performed basic mathematical equations using those numbers to arrive at my percentages and averages.

class. He possessed little financial or material wealth and worked jobs doing manual labor..

In 1860, Erastus Holmes' valued his real estate value at \$300, and reported just \$50 in personal estate.¹²¹ At first glance, these numbers appear to be fairly low. However, two factors elevate Holmes from the lower class to the middle class. First, he owned real estate. Although it was worth only \$300, it still meant that he held real property. The vast majority of the lower class could not afford to own real estate. Second, Holmes worked as a painter. While this profession may not have been high paying, it was not a lower-class profession. Painters oversaw their own means of production; they worked for themselves to make their own income. Painting as an artist was considered a skilled position, and most came from middle-class backgrounds.¹²² According to the Department of Labor, in 1870, the average daily wage of a painter was \$2.22.¹²³ This is \$0.02 higher than the national average income that same year.¹²⁴ In 1860, fifty-six percent of Franklin, Indiana's residents owned real estate. The average amount of real estate owned was \$1,180 while the average amount of personal estate owned was \$1,038. The city did contain a few very wealthy citizens that inflated these numbers. Sixty-five percent of the city's residents owned more personal estate than Holmes, while forty-eight percent owned less real estate, placing Holmes among this community's middle-class. This social

¹²¹ Gleason. Year: 1870; Census.

¹²² Daniel M. Fox, "Artists in the Modern State: The Nineteenth-Century Background," *The Journal of Aesthetics and Art Criticism*, 22, No. 2 (Winter, 1963), 137, accessed on November 7, 2020, <https://www-jstor-org.lynx.lib.usm.edu/stable/pdf/427746.pdf?refreqid=excelsior%3A75e4366618be5898e32c4c6e3ea19c78>.

¹²³ Department of Labor, *Bulletin*, 680.

¹²⁴ Department of Labor, *Bulletin*, 668.

class made up twenty-nine percent of the town's residents.¹²⁵ Some of the other middle-class positions on this census record include farmers, merchants, blacksmith, clerks, and grocers. Other national middle-class positions included any type of smiths, tradesmen, or craftsmen, such as a carpenter, brick maker, undertaker, or shop owner. In each of these occupations, the individual working controlled his or her own business decisions and controlled his or her own means of production. They typically made a livable wage. With his financial wealth, ownership of real estate, and control of his own means of production, Holmes served as an example of nineteenth-century middle-class American life.

Newell Gleason owned \$9,500 worth in real estate in 1870 and \$6,000 in personal property.¹²⁶ These numbers demonstrate that he possessed a large amount of financial and material wealth. Before the war, Gleason attended Norwich University in Vermont, which is the oldest private military college in the United States.¹²⁷ He graduated with a Bachelor of Science degree in 1849. Attending university in the nineteenth century is not always an immediate signifier of the upper class. Some of the wealthier members of the middle-class could attend college.¹²⁸ However, graduation from certain universities, such as a private military college, meant that an individual or their family possessed a

¹²⁵ These statistics are based of the 1860 Census record of Franklin, Indiana. I wrote down the profession, real estate, and personal estate values eighty employees above the age of eighty adjacent to Holmes on the document. I then performed basic mathematical equations using those numbers to arrive at my percentages and averages.

¹²⁶ Gleason. Year: 1870; Census.

¹²⁷ "About Norwich University," Norwich University, accessed on November 3, 2020, <https://www.norwich.edu/about>.

¹²⁸ Ted Brackemyre, "Education to the Masses: The Rise of Public Education in Early America," U.S. History Scene, Accessed on April 19, 2021, <https://ushistoryscene.com/article/rise-of-public-education/>.

substantial amount of money.¹²⁹ In addition to possessing an ample sum of money and real estate, Gleason also worked several high-paying and high-status jobs, such as an architect and civil engineer. According to the Department of Labor, in 1870, the average daily wage of an engineer was \$3.22.¹³⁰ This is \$1.02 higher than the national average income that same year.¹³¹ In 1870, Gleason possessed \$9,500 in property and owned \$6,000 in personal estate as a civil engineer; forty-eight percent of La Porte, Indiana's residents owned real estate. The average amount of real estate owned was \$3,810 while the average amount of personal estate owned was \$4,305. Ninety percent of the city's residents owned less real estate than Gleason. Ninety-six percent held less personal estate. Gleason was among a very few individuals in the upper class; only sixteen percent of the town belonged to this group.¹³² Some of the upper-class positions on this census record included a physician, a lawyer, a judge, and a banker. Not only did these professions pay well, but they required skilled labor and some degree of higher education. This meant that occupations like an architect or a civil engineer were upper-class positions, placing Gleason among that group.

Even though each of these men belonged to different classes, they all eventually ended up at the same facility for roughly the same mental trauma resulting from their

¹²⁹ Nothing is known of Gleason's parents, so no record of their professions or wealth could be determined.

¹³⁰ Department of Labor, *Bulletin*, 674.

¹³¹ Department of Labor, *Bulletin*, 668.

¹³² These statistics are based of the 1870 Census record of La Porte, Indiana. I wrote down the profession, real estate, and personal estate values eighty employees above the age of eighteen adjacent to Flaherty on the document. I then performed basic mathematical equations using those numbers to arrive at my percentages and averages.

Civil War experiences.¹³³ This is because the state and federal governments now ran many asylums, thanks to Dorothea Dix and her efforts to bring attention to the plight of the mentally ill.¹³⁴ Similarly, unlike other curable medical diagnoses which required that patients pay for treatment, insanity or related diagnoses was often paid for with tax dollars. However, this was not always the case, and the efforts of Dix and others were not entirely successful. Some individuals – almost exclusively from the lower class – were still sent to poorhouses, such as Owen Flaherty. An upper-class individual, such as Newell Gleason, would almost never be sent to a poorhouse. Mental health reformers were successful in shutting down some poorhouses as refuges for insane individuals in the latter decades of the nineteenth century, but this did not stop class from impacting asylum accessibility.¹³⁵

While public asylums were attempting to diminish the role of class as an accessibility factor, private asylums continued to use socioeconomics to determine entry. Some private asylums remained open in the years following the war and they continued to charge patients and their families for asylum services. These institutions were reserved for members of the elite or the upper class. Bellevue Place in Illinois “was restricted to ‘a select class of lady patients of quiet unexceptionable habits.’”¹³⁶ This upper-class

¹³³ Holmes and Gleason were both detained for insanity. Flaherty was technically diagnosed with acute mania on his first admission into the asylum, but on his second it was for insanity.

¹³⁴ Patricia D’Antonio, “History of Psychiatric Hospitals,” *University of Pennsylvania*, accessed on October 25, 2020, <https://www.nursing.upenn.edu/nhhc/nurses-institutions-caring/history-of-psychiatric-hospitals/>.

¹³⁵ John R. Sutton, “The Political Economy of Madness: The Expansion of the Asylum in Progressive America,” *Sociological Review*, 56, no. 5 (Oct. 1991), 671, accessed on April 28, 2021, <https://www-jstor-org.lynx.lib.usm.edu/stable/pdf/2096087.pdf?refreqid=excelsior%3A028d198c82cc11f355ef3cf0c7753512>.

¹³⁶ Dr. R. J. Patterson Letter to John S. Winter, Aug. 8, 1876, 38, quoted in Rodney A. Ross, “Mary Todd Lincoln, Patient at Bellevue Place, Batavia,” *Journal of the Illinois State Historical Society*, 63, No. 1 (Spring 1970), 5, accessed on October 25, 2020, <https://www-jstor->

establishment housed Mary Todd Lincoln, widow of the President of the United States, against her will in 1875 on charges of insanity. Bloomingdale Asylum in New York City transformed into an upper-class asylum once all of the patients who could not afford to pay relocated to the newly constructed and publicly run New York City Lunatic Asylum.¹³⁷ Bloomingdale admitted Commodore Richard W. Meade, brother of George Gordon Meade who previously commanded the Union Army of the Potomac.¹³⁸ Yet, these private institutions became increasingly rare as state and Federal asylums opened across the nation. The majority of the upper-class – those who were not truly elite, like former First Lady Mary Todd Lincoln or Commodore Meade – accessed state and Federal asylums, alongside their lower and middle-class countrymen. By 1875, the year Bellevue Place admitted Lincoln, the institution held only twenty women.¹³⁹ Private asylums such as these contained luxurious accessories and decorations. McLean Hospital, a private own asylum in Boston, looked more like a “prosperous New England prep school or perhaps a small, well-endowed college.”¹⁴⁰ Care at these facilities was top-of-the line. Although they still focused on moral treatment, private facilities were often more modern and better maintained. While a public asylum may pride itself on a garden, a

org.lynx.lib.usm.edu/stable/pdf/40190601.pdf?refreqid=excelsior%3AAbc238bcd22864f7aee0b9a7c461499f0.

¹³⁷ Pliny Earle, *History, Description and Statistics of the Bloomingdale Asylum for the Insane* (Egbert, NY: Hovey & King Printers, 1848), 74, accessed on October 25, 2020, <https://babel.hathitrust.org/cgi/pt?id=uc2.ark:/13960/t2n58pc1p&view=1up&seq=80&q1=class>.

¹³⁸ American Medical Union, *The North American Journal of Homeopathy*, vol. 4, (Miami: HardPress, 2017), 517, <https://play.google.com/books/reader?id=zq1XAAAAMAAJ&pg=GBS.PA517>.

¹³⁹ Rodney A. Ross, “Mary Todd Lincoln, Patient at Bellevue Place, Batavia,” *Journal of the Illinois State Historical Society*, 63, No. 1 (Spring 1970), 5, accessed on November 5, 2020, <https://www-jstor-org.lynx.lib.usm.edu/stable/pdf/40190601.pdf?refreqid=excelsior%3AAbc238bcd22864f7aee0b9a7c461499f0>.

¹⁴⁰ Alex Beam, *Gracefully Insane: Life and Death Inside America's Premier Mental Hospital* (New York: PublicAffairs, 2003), 9.

private asylum like McLean had gardens, multiple gymnasiums, a golf course, bowling alleys, a billiards room, and more.¹⁴¹ These asylums also had more access to drugs and therapeutic practices. McLean Hospital had an abundance of sedatives, hypotonic drugs, tonics, and a hydrotherapeutics.¹⁴² However, neither Flaherty, Holmes, or Gleason – along with thousands of other veterans– could gain access to these elite institutions or private asylums like them. They did not possess the wealth or social status that the patients of private asylums had. Unlike private institutions, state and federal asylums allowed accessibility that was more equal to all classes. Public asylums, despite reformers best efforts, were still not completely accepting of all patients, as they had to turn away lower class individuals at times due to overcrowding and underfunding.

The Civil War generated an unprecedented number of mentally broken men. There are no official numbers on how many veterans suffered some sort of mental trauma in the wake of the war. Medical professionals did not record them consistently, simply because no single diagnosis existed. However, based on the work of previous historians, it is clear that the number is substantial. Eric Dean Jr. based his research on 291 veterans admitted to the Indiana State Hospital between 1860 and 1920. He found that around forty percent of those veterans' insanity cases were directly linked to their military service.¹⁴³ Diane Sommerville combed through a sizeable number of primary sources to discover mental trauma among Southern veterans.¹⁴⁴ Historian Allen Cornwell concluded

¹⁴¹ Beam, *Gracefully Insane*, 51.

¹⁴² Beam, *Gracefully Insane*, 12.

¹⁴³ Dean Jr., *Shook Over Hell*, 219-225.

¹⁴⁴ Diane Miller Sommerville, *Aberration of Mind: Suicide and Suffering in the Civil War-Era South* (Chapel Hill: The University of North Carolina Press, 2018), 12-13.

that at least 100,000 veterans suffered from what is now known as PTSD.¹⁴⁵ Dennis W. Brandt recreated the story of Union veteran Angelo Crapsey, a Union veteran suffering psychological damage from the war, and contended that Crapsey was not alone or unique.¹⁴⁶ Despite works like these, it is improbable to ever know the exact number of afflicted veterans. The sources simply do not exist for a multitude of reasons, including lack of record keeping, time-period ignorance on the mental health, and competing disorders and terminology. However, as historian Michael C. C. Adams asserted, “exact numbers do not matter because we want primarily to paint a human, rather than statistical, portrait of the causes and consequences of mental injuries.”¹⁴⁷ Whatever the number may be, historians have made it clear that a significant number of veterans wrestled with the psychological damage of the war. This, along with other factors, led to a serious overcrowding in post-war America’s asylums.

Historian Sarah A. M. Ford argues that overcrowding became a serious problem in asylums across the nation following the war’s conclusion.¹⁴⁸ The Indiana Hospital for the Insane held 196 patients in 1855. During the Civil War, that number rose to 300. In 1865, asylum records showed a backlog of 600 applications.¹⁴⁹ By 1876, St. Elizabeth’s Hospital for the Insane held more patients than it had room for. That same year, 147 out

¹⁴⁵ “Civil War Vets and Mental Illness: the Tragedy After the War,” *Our American Heritage*, April 6, 2016, accessed on April 28, 2021, <https://www.ourgreatamericanheritage.com/2016/04/civil-war-vets-and-mental-illness-the-tragedy-after-the-war-3/>.

¹⁴⁶ Dennis W. Brandt, *Pathway to Hell: A Tragedy of the American Civil War* (Lincoln: University of Nebraska Press, 2010), 170-178.

¹⁴⁷ Michael C. C. Adams, *Living Hell: The Dark Side of the Civil War* (Baltimore: Johns Hopkins University Press, 2016), 111.

¹⁴⁸ Sarah A.M. Ford, “Quantity Over Quality: The Mental Health Services for Civil War Veterans,” PhD diss., (The State University of New Jersey, 2016), 60-61, accessed on March 20, 2021, <https://rucore.libraries.rutgers.edu/rutgers-lib/49360/PDF/1/play/>.

¹⁴⁹ Dean Jr., *Shook Over Hell*, 229.

of 550 patients used mattresses on the floors of the corridors due to a lack of available space. Seventy-seven of the asylum's single rooms were used as double occupancy rooms, while twenty were used as triple rooms.¹⁵⁰ Although the work of Dix and others led to a rise in asylum construction, the amount of space and funding could not keep up with the dramatic increase of patients after the war. Several major factors contributed to the overcrowded asylums. Foremost, the nation's population was growing rapidly. In 1860, the total population was 31,443,321.¹⁵¹ By 1880, that number swelled to 50,189,209.¹⁵² By default, a growing population would lead to a greater demand for asylum rooms. Furthermore, a boom in immigration supplemented the population growth. In 1860 alone, over four million immigrants migrated to the United States. That number jumped to 6,679,900 in 1880.¹⁵³ Gerald Grob argued that immigrants made up a significant portion of asylum patients in the nineteenth century.¹⁵⁴ As more and more public asylums were built across the nation, accessibility became easier than ever before, which also adding to overcrowding.¹⁵⁵ In the South, emancipation created an influx of people who had access to mental institutions for the first time, which added to the overcrowded status.¹⁵⁶ It is clear that not every asylum admission in the post-war period

¹⁵⁰ Otto, *St. Elizabeths Hospital*, 6-7.

¹⁵¹ "History," United States Census Bureau, accessed on March 23, 2021, https://www.census.gov/history/www/through_the_decades/fast_facts/1860_fast_facts.html.

¹⁵² "History," United States Census Bureau, accessed on March 23, 2021, https://www.census.gov/history/www/through_the_decades/fast_facts/1880_fast_facts.html.

¹⁵³ "U.S. Immigrant Population and Share over Time, 1850-Present," Migration Policy Institute, accessed on April 28, 2021, <https://www.migrationpolicy.org/programs/data-hub/charts/immigrant-population-over-time>.

¹⁵⁴ Grob, *Mad Among Us*, 87.

¹⁵⁵ Jennifer L. Bazar, and Jeremy T. Burman, "Asylum Tourism," *American Psychological Association* 45, no. 2 (February 2014): 68, accessed on April 28, 2021, <https://www.apa.org/monitor/2014/02/asylum-tourism>.

¹⁵⁶ Whitney E. Barringer, "The Corruption Of Promise: The Insane Asylum In Mississippi, 1848-1910," PhD diss., (University of Mississippi, 2016), 120, accessed on April 28, 2021, <https://egrove.olemiss.edu/cgi/viewcontent.cgi?article=1642&context=etd>.

was related to a veteran and their military service. Other factors as the above historians made clear, such as a population growth, immigration, increased asylum access, and emancipation, contributed to overcrowding. However, this is not to diminish the impact that the Civil War had on the mental health of those who experienced it. Sarah Ford found that “veterans were becoming a strong presence in these post-Civil War insane asylums.”¹⁵⁷ She discovered that the 1866 annual report for the Insane Asylum of North Carolina recorded seventeen patients’ prognoses of insanity were caused by the Civil War.¹⁵⁸ She also found that from 1861 to 1868, the Western State Lunatic Asylum in Virginia admitted fifty-seven patients whose illness resulted from “the War.”¹⁵⁹ The Civil War produced significant psychiatric damage to veterans, many of whom sought assistance from asylums.

Despite easier and more equal accessibility and the increased number of asylums thanks to Dorothea Dix and others, the influx of patients overwhelmed the available space in mental institutions. Funds ran dry as more and more asylums were built to try and combat overcrowding.¹⁶⁰ Many lower-class individuals with insanity found themselves being detained in poorhouses when asylums could not hold them, as was the case with Owen Flaherty. Sociologist John R. Sutton points out that mental health

¹⁵⁷ Ford, “Quantity Over Quality,” 61, <https://rucore.libraries.rutgers.edu/rutgers-lib/49360/PDF/1/play/>.

¹⁵⁸ “N.C Insane Asylum,” *The Western Democrat*, January 8, 1867, accessed November, 4, 2014, <http://chroniclingamerica.loc.gov/lccn/sn84020712/1867-01-08/ed-1/seq-2/>.

¹⁵⁹ McClurken, *Taking Care of the Living*, 118, quoted in Sarah A.M. Ford, “Quantity Over Quality: The Mental Health Services for Civil War Veterans,” PhD diss., (The State University of New Jersey, 2016), 61, accessed on March 20, 2021, <https://rucore.libraries.rutgers.edu/rutgers-lib/49360/PDF/1/play/>.

¹⁶⁰ Barbara Floyd, “Mental Health,” University of Toledo, accessed on April 28, 2021, <https://www.utoledo.edu/library/canaday/exhibits/quackery/quack5.html>.

reformers continued to work to shut down poorhouses. As they closed, many of the poor who mentally qualified were sent back asylums, which further contributed to overcrowding.¹⁶¹ Because he needed to be watched over, the Indiana Hospital for the Insane ultimately accepted Flaherty back into its service, despite his lower-class reputation.¹⁶²

In the end, mental health reformers attempted to reduce the impact of class status when it came to accessibility into new, public asylums. State and federal institutions were supposed to allow more equal access, regardless of material wealth or societal reputation, as long as the individual was deemed curable.¹⁶³ Their efforts were not entirely successful, especially when asylums became overcrowded and underfunded in the decades after the Civil War. The three aforementioned individuals that serve as illustrative examples of the lower, middle, and upper classes —Flaherty, Holmes, and Gleason—were all eventually accepted into the same asylum at the end of the war, despite their different societal statuses. However, their class reputation still mattered. Flaherty, as a lower classman, was sent to a poorhouse when the state asylum became overcrowded. Gleason in the upper class would not be forced to relocate. This meant that class was still a factor when it came to asylum accessibility, despite the efforts of mental health reformers like Dorothea Dix.

¹⁶¹ Sutton, “The Political Economy of Madness,” 671.

¹⁶² “Big Pension and Back Pay.”

¹⁶³ Dean Jr., *Shook Over Hell*, 3.

CHAPTER III - THE DUALITY OF THEIR TRAUMA: AFRICAN AMERICAN EXPERIENCES

Up until this point, the conversation about mental trauma and its relationship to Civil War veterans has primarily focused on white individuals. To end the conversation there is unfair, as other groups fought for the Union and experienced trauma because of it. Included in this group are African Americans.¹⁶⁴ In fact, by the end of the war, an estimated 179,000 African Americans had served in the Union armies, accounting for ten percent of all troops. Another 19,000 served in the Union Navy.¹⁶⁵ They accounted for over 60,000 of all Union dead or missing.¹⁶⁶ On the day that Robert E. Lee surrendered his army to Ulysses S. Grant at Appomattox Court House, Virginia in 1865, there were more African-American soldiers in the Union service than all active Confederate forces.¹⁶⁷ Of the United States Colored Troops (USCTs), President Abraham Lincoln said, “Without the military help of the black freedmen, the war against the South could not have been won.”¹⁶⁸

On May 8, 1792, the United States Congress passed “The Militia Act of 1792.” This act gave the president the power to call up an American militia in times of war. More importantly for the people, it laid out the requirements for conscription. However,

¹⁶⁴ This chapter will inevitably stray from a solely Northern study due to African American’s intrinsic ties to the South. The institution of slavery created connection between freedmen and the South.

¹⁶⁵ “Black Soldiers in the U.S. Military During the Civil War,” United States National Archives, September 1, 2017, accessed February 1, 2021, <https://www.archives.gov/education/lessons/blacks-civil-war#:~:text=By%20the%20end%20of%20the,30%2C000%20of%20infection%20or%20disease.>

¹⁶⁶ Steven Mintz, “Historical Context: Black Soldiers in the Civil War,” The Gilder Lehrman Institute of American History, accessed February 1, 2021, <https://www.gilderlehrman.org/history-resources/teaching-resource/historical-context-black-soldiers-civil-war>.

¹⁶⁷ Jim Percoco, “The United States Colored Troops,” The American Battlefield Trust, accessed February 1, 2021, <https://www.battlefields.org/learn/articles/united-states-colored-troops>.

¹⁶⁸ “USCT History,” The African American Civil War Museum, accessed February 1, 2021, <https://www.afroamcivilwar.org/about-us/usct-history.html>.

not everyone was eligible. In fact, the Act specifically states that only “free able-bodied white male citizens . . . age of eighteen years, and under the age of forty-five years” could be enrolled in the militia.¹⁶⁹ This left out the vast free and enslaved African-American population living in America. It was not until 1862 that the Militia Act was revised to include African Americans. However, the Act was still limiting, as black individuals served “the purpose of constructing intrenchments [sic], or performing camp service or any other labor, or any military or naval service for which they may be found competent.”¹⁷⁰ This meant African Americans could serve only as laborers and in support roles, not as combatants, at least for the time being.

It was not until January 1, 1863 that the Emancipation Proclamation was signed by President Abraham Lincoln. This document declared “that such persons of suitable condition [referring to the African-American population], will be received into the armed service of the United States to garrison forts, positions, stations, and other places, and to man vessels of all sorts in said service.”¹⁷¹ The declaration also proclaimed that any slaves living in regions of open rebellion would be free. This action, amongst other reasons, caused an increased number of enslaved peoples to flee the South and to seek refuge in places occupied by the Northern armies. Tens of thousands of these freed slaves volunteered in the Union armies and navy to fight the against their former masters in the Confederacy.

¹⁶⁹ Militia Act of 1792, 2nd Cong., 1st sess. (May 2, 1792), accessed February 1, 2021, https://constitution.org/1-Activism/mil/mil_act_1792.htm.

¹⁷⁰ Militia Act of 1862, 37th, Cong., 2d sess. (July 17, 1862), accessed February 1, 2021, <http://www.freedmen.umd.edu/milact.htm>.

¹⁷¹ United States, President (1861-1865 : Lincoln), *The Emancipation Proclamation*, January 1, 1863, accessed February 1, 2021, <https://www.archives.gov/exhibits/featured-documents/emancipation-proclamation/transcript.html>.

To manage the huge numbers of African-American volunteers, the Federal government created the Bureau of Colored Troops on May 22, 1863. The Bureau dealt with all “matters relating to the organization of colored troops.”¹⁷² From that office came the USCTs – regiments raised by the War Department made up of African-Americans volunteers.¹⁷³ These segregated regiments entered directly into the Union armies. By the war’s end in April 1865, at least 166 USCT regiments had been raised.¹⁷⁴ Many of these regiments never saw combat, and instead served in support roles, such as laborers, teamsters, cooks, and guards. However, many USCTs were also used in a combat role, especially as the war continued into 1864. In fact, they participated in approximately 450 engagements by the war’s end.¹⁷⁵ They played a significant role in several major battles, such as Vicksburg, Mississippi; Petersburg, Virginia; Charleston, South Carolina; and the capture of the Confederate capital in Richmond, Virginia. Ultimately, it was African-American military service that helped pass future civil rights legislation, such as the Civil Rights Act of 1875.¹⁷⁶ In his advocacy before Congress for the passage of the bill in 1874, former Union General Benjamin Butler said of the USCT dead following the Battle of New Market Heights, Virginia in 1864:

¹⁷² General Order No. 143, May 22, 1863; Orders and Circulars, 1797-1910; Records of the Adjutant General's Office, 1780's-1917; Record Group 94; National Archives, accessed February 2, 2021, <https://www.ourdocuments.gov/doc.php?flash=false&doc=35&page=transcript>.

¹⁷³ Percoco, “Colored Troops.”

¹⁷⁴ The number one hundred sixty-six is debated due to the unofficial nature of some African American regiments. For example, several all-African American regiments were raised prior to 1863, but were never officially recognized by the army. When USCT regiments were authorized, many of these regiments made the official transition into the army, but not all succeeded. Therefore, the exact number of official USCT regiments number is debated.

¹⁷⁵ Steward Henderson, “The Role of the USCT in the Civil War: The United States Colored Troops in the American Civil War,” The American Battlefield Trust, January 13, 2021, accessed February 1, 2021, <https://www.battlefields.org/learn/articles/role-usct-civil-war>.

¹⁷⁶ “Landmark Legislation: Civil Rights Act of 1875,” United States Senate, accessed February 1, 2021, <https://www.senate.gov/artandhistory/history/common/generic/CivilRightsAct1875.htm>.

I looked on their bronzed faces upturned in the shining sun as if in mute appeal against the wrongs of the country for which they had given their lives, and whose flag had only been to them a flag of stripes on which no star of glory had ever shone for them-feeling I had wronged them in the past, and believing what was the future of my country to them-among my dead comrades there I swore to myself a solemn oath: May my right hand forget its cunning, and my tongue cleave to the roof of my mouth, if I ever fail to defend the rights of those men who have given their blood for me and my country this day and for their race forever; and, God helping me, I will keep that oath.¹⁷⁷

Despite paving the way towards postwar enfranchisement, African-American service often came at a heavy cost to the individuals who experienced it.

As men of the USCT waged war on behalf of the Union, they experienced the horrors of combat to the fullest, just as their white counterparts did. Despite their heroic contributions to the Union war effort, first as laborers then as soldiers, African Americans still faced prejudice and racism in the Northern armies, as well as in the South, where many remained enslaved or had only recently been emancipated. They felt the harsh psychological effects of slavery and racism in the South and the North alike. This chapter will argue that although African-American men experienced mental trauma from combat similarly to their white counterparts, the experience of slavery, intense racism and discrimination, and the threat of possible execution upon surrender added another layer to the trauma African American troops underwent.

¹⁷⁷ Henderson, "USCT."

It is easy to find instances of prejudice and violence against African Americans in the South. The institution of slavery is an obvious example. A little more hidden, but still very evident and abundant is racism, discrimination, and aggression towards African Americans in the North. Despite outlawing slavery in the North decades before the South, many Northerners still felt apprehensive about granting equality to African Americans. New England Professor Louis Agassiz, in a letter to a fellow academic, wrote on the subject in 1885, twenty years after the end of the war:

I cannot think it just or safe to grant at once the negro all the privileges which we ourselves have acquired by long struggles. History teaches us terrible reactions have followed too extensive and too rapid changes. Let us beware of granting too much to the negro race in the beginning, lest it become necessary hereafter to deprive them of some of the privileges which they may use to their own and our own detriment.¹⁷⁸

Many Northerners shared Agassiz's views towards the African-American population. Until the early nineteenth century, African Americans living in Massachusetts, and Pennsylvania could not, by law, marry interracially. The latter state allowed African Americans to be sold into slavery if they did.¹⁷⁹ Revisions of the law in the mid-nineteenth century did not remedy the racist societies of Northern society. Historian Dennis B. Downey details several troubling lynching's conducted in the post-

¹⁷⁸ Elizabeth Cary Agassiz, *Louis Agassiz: His Life and Correspondence* (Boston, MA: Houghton, Mifflin and Co., 1890) 608, accessed February 1, 2021, <https://babel.hathitrust.org/cgi/pt?id=hvd.32044013646005&view=1up&seq=710>.

¹⁷⁹ Lois E. Horton, "From Class to Race in Early America: Northern Post-Emancipation Racial Reconstruction," *Journal of the Early Republic* 19, no. 4 (Winter 1999): 630, accessed February 22, 2021, <https://www-jstor-org.lynx.lib.usm.edu/stable/pdf/3125136.pdf?refreqid=excelsior%3A47ec24114b7c7b4db49e0edab91919fe>.

Civil War Northern states, instead of the typically suspected South.¹⁸⁰ By outbreak of the Civil War, the racism of Northern society was certainly present in its armies.

By 1863, when USCT units were first raised to fight for the Union, the situation was unfair for African Americans.¹⁸¹ In the Union armies, USCT troops were segregated into their own regiments, divisions, and eventually a corps. African Americans could not rise above the noncommission officer rank. Instead, white officers led regiments. While some officers, like Colonel Robert Gould Shaw of the famous Massachusetts 54th Infantry Regiment, showed enthusiasm with their commands, other white officers resented their positions in the USCT.¹⁸² Joseph M. Maitland, of the 95th USCT, stated, “For my part if I could not command a Co[mpany] of white men, I would not command any. I believe in arming and equipping them and making them fight for their freedom, but I would rather be excused from having anything to do with them, there are enough of Abolitionists to do that.”¹⁸³ Alexander Newton, a soldier in the 29th Connecticut Colored Infantry Regiment, feared that his officers were taking him and other troops to Cuba to sell into slavery, when in fact they were going to Texas for occupation duty.¹⁸⁴ White officers forced Private Samuel Dixon to carry heavy lumber, physically beat him over the

¹⁸⁰ W. Fitzhugh Brundage, review of *No Crooked Death: Coatesville, Pennsylvania and the Lynching of Zachariah Walker* by Dennis B. Downey and Raymond M. Hyser: *The Sociogenesis of a Race Riot: Springfield, Illinois, in 1908* by Roberta Senechal, “Racial Violence in Kentucky, 1865-1940: Lynchings, Mob Rule, and “Legal Lynchings,” by George C. Wright, *The Georgia Historical Quarterly* (Winter 1991): 748-770, accessed February 24, 2021, <https://www-jstor-org.lynx.lib.usm.edu/stable/pdf/40582425.pdf?refreqid=excelsior%3Ad2e83f99bc9c86b579db857f2bf51b71>.

¹⁸¹ Although African American units had been unofficially raised in 1862, they were not officialized until 1863.

¹⁸² Mintz, “Historical Context.”

¹⁸³ Joseph M. Maitland to his brother, 1863, accessed February 22, 2021, https://www.digitalhistory.uh.edu/disp_textbook.cfm?smtID=3&psid=414.

¹⁸⁴ Donald R. Shaffer, *After the Glory: The Struggles of Black Civil War Veterans* (Lawrence, KS: University of Kansas Press, 2004), 27.

head, and tied him up for hours after failed he to turn out his light. When Dixon applied for a pension after the war, doctors determined the officers' actions caused "derangement of the [Dixon's] mind."¹⁸⁵ Initially, USCT units could only carry out menial labor tasks behind the front lines, such as digging entrenchments or guarding supplies. They faced more punishments for minor offenses than their white counterparts. African American soldiers also received less pay, inferior benefits, and mediocre food and equipment. Historian Steven Mintz found, "A white private was paid thirteen dollars a month plus a three dollar and fifty cents clothing allowance, blacks received just ten dollars a month, out of which three dollars was deducted for clothing."¹⁸⁶ It was not until 1864, after significant pressure from African-American activists and soldiers, that USCT troops received equal pay. Sven E. Wilson determined that sick or wounded African-American veterans were much less likely to be hospitalized during the war.¹⁸⁷ As historian Joseph T. Glatthaar states. "Whereas one in every twelve soldiers was black, one in every five soldiers executed for a crime was black. Even more striking, 80 percent of all soldiers executed for munity were black."¹⁸⁸ As one New Orleans man explained in regards to African American service in the Northern armies, "our white officers may be union men but [they were] Slave holders at heart."¹⁸⁹

¹⁸⁵ Jonathan Lande, "Trials of Freedom: African American Deserters during the U.S. Civil War," *Journal of Social History* 49 no. 3 (2016), 698, <https://academic.oup.com/jsh/article-abstract/49/3/693/2412944>.

¹⁸⁶ Mintz, "Historical Context."

¹⁸⁷ Sven E. Wilson, "Prejudice & Policy: Racial Discrimination in the Union Army Disability Pension System, 1865-1906," *Am J Public Health* 100, no. 1 (April 2010): 57, accessed January 15, 2021, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2837429/>.

¹⁸⁸ Joseph T. Glatthaar, *Forged in Battle: The Civil War Alliance of Black Soldiers and White Officers* (New York: Free Press, 1990), 152.

¹⁸⁹ Lande, "Trials of Freedom," 698.

While on the front lines, African-American soldiers experienced all the dangers that their white counterparts did. On top of those hazards, soldiers of the USCT faced another serious threat. Eight days before the Emancipation Proclamation went into effect, Confederate President Jefferson Davis stated publicly that, “All negro slaves captured in arms be at once delivered over to the executive authorities of the respective States to which they belong.”¹⁹⁰ The Confederate Congress later backed this notion by passing a resolution that declared any African American captured in a Union uniform would be “tried for inciting servile insurrection and be subject to the death penalty.”¹⁹¹ Should a captured USCT soldier avoid the death penalty, they would be sold into slavery.¹⁹² As the war continued into 1864, the threat of violence upon capture grew worse. Confederate troops would often execute African American prisoners immediately upon capture, rather than report them to authorities. This was none more obvious than at Fort Pillow, Tennessee. In 1864, Confederate General Nathan Bedford Forrest, future founder of the Ku Klux Klan, led an attack against the fort, which was defended by both 295 white and 262 African American soldiers. The Confederates demanded that the outnumbered defenders surrender, but this was declined by Union commanders who instead sought to hold out against an attack. The Confederate assault came, and the fort was quickly overrun. Three hundred Union defenders were killed, 200 of which were African American. Seventy percent of the white defenders survived, compared to only thirty-five

¹⁹⁰ Thomas J. Ward Jr., “The Plight of the Black P.O.W.,” *The New York Times*, August 27, 2013, accessed February 22, 2021, <https://opinionator.blogs.nytimes.com/2013/08/27/the-plight-of-the-black-p-o-w/>.

¹⁹¹ Ward Jr., “The Plight of the Black P.O.W.”

¹⁹² Ward Jr., “The Plight of the Black P.O.W.”

percent of African Americans.¹⁹³ First Lieutenant Mack Leaming of the Union Army's 13th Tennessee Regiment was one of the white defenders at Fort Pillow. His postwar account of the battle explained the cause of the distorted percentages:

From where I fell wounded, I could plainly see this firing and note the bullets striking the water around the black heads of the soldiers, until suddenly the muddy current became red and I saw another life sacrificed in the cause of the Union. Here I noticed one soldier in the river, but in some way clinging to the bank. Two confederate soldiers pulled him out. He seemed to be wounded and crawled on his hands and knees. Finally one of the confederate soldiers placed his revolver to the head of the colored soldier and killed him.¹⁹⁴

The Fort Pillow Massacre, which emboldened and angered the African American population and Northern abolitionists, was unfortunately only the beginning of USCTs' harrowing battlefield experience.

Over three months later in July of the same year, at the Battle of the Crater in Petersburg, Virginia, a similar tragedy took place. In a daring plan to break the Confederate defensive trench lines, Union engineers dug a tunnel below Confederate positions and planted explosives. The initial plan was to send a division of USCT troops, led by Brigadier General Edward Ferrero, to spearhead the assault into the broken enemy lines. Ferrero's division drilled and trained until a day prior to the planned assault. Orders changed last minute; a white division would now act as the vanguard and lead the charge.

¹⁹³ Mack J. Leaming, "Unpublished Manuscript Relating Events of the Battle of Fort Pillow, Tennessee, April 15, 1893, accessed February 22, 2021, <https://www.gilderlehrman.org/sites/default/files/inline-pdf/t-05080.01.pdf>.

¹⁹⁴ Leaming, "Unpublished Manuscript."

The white division, led by Brigadier General James H. Ledlie, was selected at random. The explosives were detonated, and the untrained Union troops rushed into the crater, hoping to breakthrough and split Confederate lines. Ledlie stayed behind and drank. His men struggled in the confusion of the crater and instead of charging out the other side as Ferrero's division was trained to do, they took cover inside the rubble. The Confederates quickly recovered after the explosives had shaken their defenses and began pouring relentless fire into the Union troops below them. Fearing victory was eluding them, Union commanders committed Ferrero's USCT division into the fight. By the time they had arrived in the crater, chaos ensued. The Confederate defenders lined themselves along the edges of the crater and shot the trapped soldiers below.¹⁹⁵ Fearing that they would not be taken prisoner alongside African American soldiers, white Union soldiers began shooting fellow USCTs. Their fears were justified as an estimated two hundred to three hundred African Americans were executed as they surrendered following the battle.¹⁹⁶ An estimated 1,500 white and African American prisoners were paraded through the streets of Petersburg, while civilian onlookers shouted racial insults at them. The display was meant to send a message to the Union – the use of the USCTs was unwelcomed in the South. Despite the blatant racism and discrimination against them in both the North and the South, and the threat of execution on the battlefield, many African Americans persevered and influenced the course of the war. Some, however, broke under the intense pressures, and deserted.

¹⁹⁵ "The Crater," The American Battlefield Trust, accessed February 15, 2021, <https://www.battlefields.org/learn/articles/crater>.

¹⁹⁶ Richard S. Slotkin, "The Battle of the Crater," Essential Civil War Curriculum, accessed February 15, 2021, <https://www.essentialcivilwarcurriculum.com/the-battle-of-the-crater.html>.

By the end of the war, 201,397 soldiers deserted the numerous Union armies. Of that number, 12,440 were black soldiers.¹⁹⁷ As historian Jonathan Lande argues, many USCTs deserted for reasons related to their lives outside the war, just like their white counterparts. African Americans soldiers, however, had their reasons intertwined with their experiences of racism and slavery.¹⁹⁸ Many African American men, although eager to serve, had to take care of their families. Unlike many of their white counterparts, their families were caught up in the chaos of emancipation, and often unsafe, undersupplied, and underfunded. Jane Wallis wrote directly to the army, asking for her husband, James, to be released from the military. He was not, according to her, “not competent to be a Soldier,” and if the army was to “keep him,” she explained, “they leave me, and 3 children to get along, the best we can” though she and one child were “very Sick.”¹⁹⁹ A Union officer appealed to his superiors that “black soldiers deserted by the score because their families were starving.”²⁰⁰ Violence and racism also caused many African American soldiers to desert. Union Brigadier General John Hawkins, commander of the 1st USCT Division, declared that black soldiers must be “made to understand the severe punishment they must suffer for not being faithful to their oath of service to the Government.” To support his serious order, he changed the sentence for desertion from hard labor to death by firing squad and claimed, “It is time they learn the just punishment due a deserter.”²⁰¹ On top of the immense pressures of racism in society, many black soldiers sought to escape the similarly racist Union armies.

¹⁹⁷ Lande, “Trials of Freedom,” 699.

¹⁹⁸ Lande, “Trials of Freedom,” 699.

¹⁹⁹ Lande, “Trials of Freedom,” 699.

²⁰⁰ Lande, “Trials of Freedom,” 699.

²⁰¹ Lande, “Trials of Freedom,” 703.

Many present-day studies link racism to mental trauma. Historians must be wary of applying modern studies to past experiences. It is impossible to officially know if an individual's exposure to certain factors during this time frame triggered acute stress, PTSD, anxiety, depression, or any other various forms of mental trauma. It is impossible to diagnose individuals of the past.²⁰² However, this does not render modern studies useless when it comes to studying history. In her book *Aberration of Mind*, historian Diane Miller Sommerville examines suicide and suffering in the Civil War-era South. In her introduction, she admits that it is impossible to diagnose an individual of the past. As a result, she claims, historians have two options. They can either admit defeat and resign from studying such topics or they can accept this potential flaw, apply modern concepts to the past in a responsible, reasonable, and research-backed way, and advance understanding about said topic.²⁰³ This thesis supports the latter option. Historians can, as many argue, suspect that Civil War soldiers suffered psychological damage. They can also infer that many African Americans suffered mental trauma from slavery and racism, as research has also supported. Simply opening our minds to the possibility of such diagnoses advances the understanding of this subject.

In recent decades, psychologists and sociologists have made connections between racism, discrimination, and individual mental trauma as a result. Psychologist Janis V. Sanchez-Hucles found decisive evidence that racism can trigger mental distress in ethnic

²⁰² According to modern standards, a medical diagnosis for mental trauma-related-disorders must be officialized premortem. Any further "diagnoses" on a deceased individual are an assumption.

²⁰³ Sommerville, *Aberration of the Mind*, 10-11.

minorities.²⁰⁴ Thema Bryant-Davis concluded that offenses such as racism, discrimination, and segregation can add on to mental stress caused by “severe stressors such as war, domestic violence, and assault.”²⁰⁵ Maximus Berger and Zoltán Sarnyai discovered similarities in neurological functions between race-based mental stress and other traumas. The duo also declared that “the experience of racial discrimination seems to be associated with bodily pain, as has been found in a cohort of African American veterans.”²⁰⁶ Robert T. Carter argued that race-based stressors have relations to traumatic stressors, such as PTSD and other mentally-troubling disorders among people of color.²⁰⁷ Lisa Firestone compared literature from a number of psychological studies linking African Americans to mental distress due to exposure to or experience with racism.²⁰⁸ Psychologists and historians attempted to bridge the gap between past instances of racism and mental trauma.

In his article linking racism to mental trauma, David R. Williams defines racism as, “an organized social system, in which the dominant racial group, based on an

²⁰⁴ Janis V. Sanchez-Hucles, “Racism: Emotional Abusiveness and Psychological Trauma for Ethnic Minorities,” *Journal of Emotional Abuse* 1, no. 2 (August 21, 1996), accessed January 18, 2021, https://www.tandfonline.com/doi/pdf/10.1300/J135v01n02_04?needAccess=true.

²⁰⁵ Thema Bryant-Davis, “Healing Requires Recognition: The Case for Race-Based Traumatic Stress,” *The Counseling Psychologist* 35, no. 1 (January 2007): 138, accessed January 18, 2021, <https://journals-sagepub-com.lynx.lib.usm.edu/doi/pdf/10.1177/0011000006295152>.

²⁰⁶ Maximus Berger, and Zoltán Sarnyai, “More than Skin Deep: Stress Neurobiology and Mental Health Consequences of Racial Discrimination,” *Stress* 18, no. 1 (2015): 6, accessed January 18, 2021, <https://www.tandfonline-com.lynx.lib.usm.edu/doi/full/10.3109/10253890.2014.989204?scroll=top&needAccess=true>.

²⁰⁷ Robert T. Carter, “Initial Development of the Race-Based Traumatic Stress Symptom Scale: Assessing the Emotional Impact of Racism,” *Psychological Trauma Theory Research Practice and Policy* 5, no. 1 (December 2012): 8, accessed January 18, 2021, https://www.researchgate.net/publication/263920122_Initial_Development_of_the_Race-Based_Traumatic_Stress_Symptom_Scale_Assessing_the_Emotional_Impact_of_Racism.

²⁰⁸ Lisa Firestone, “The Trauma of Racism: Countless Studies Have Shown the Adverse Effects of Racism,” June 4, 2020, accessed January 20, 2021, <https://www.psychologytoday.com/us/blog/compassion-matters/202006/the-trauma-racism>.

ideology of inferiority, categorizes and ranks people into social groups called races, and uses its power to devalue, disempower, and differentially allocate valued societal resources and opportunities to groups defined as inferior.”²⁰⁹ This is the definition of racism this thesis will also use.

African Americans, as stated above, experienced racism in the South as well as the North. The institution of slavery, which will be examined later, was a damning institution that was built on a hierarchy of dehumanization and inferiority. While the North did not possess a system of slavery, it did have an unspoken order that saw African Americans as inferior. In the United States military, African American units were segregated because commanders assumed they were less valuable, inefficient, underdisciplined, and less useful than white units. As modern studies revealed, the process of dehumanizing an individual through racism and discrimination takes a heavy mental toll. Historians can deduce that African Americans in the 1860s also experienced some degree of trauma from these factors. Examples of prejudice in the South and North, and violence against them based on race, make this clear.

Despite evidence that African Americans experienced mental trauma, many individuals living in nineteenth century America did not subscribe to the idea that this was possible. The superintendent of the East Louisiana State Hospital claimed that, “it is exceedingly seldom that our slaves ever become insane.”²¹⁰ The administrator of the

²⁰⁹ David R. Williams, Jourdyn Lawrence, and Brigitte Davis, “Racism and Health: Evidence and Needed Research,” *Annual Review of Public Health*, 1, no. 40, (April 2019), 106, accessed January 18, 2021, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6532402/pdf/nihms-1026275.pdf>.

²¹⁰ Chaillé, “Insane Asylum of the State of Louisiana, at Jackson,” *New Orleans Medical and Surgical Journal* 15 (January 1858): 108-109, quoted in Diane Miller Sommerville, *Aberration of Mind: Suicide and Suffering in the Civil War-Era South* (Chapel Hill, NC: The University of North Carolina Press, 2018), 87.

Eastern Lunatic Asylum in Virginia stated that, “they [African Americans] are removed from much of the mental excitement, to which the free population of the union is necessarily exposed in the daily routine of life.” He also claimed that the race was prone to melancholy because they lacked property.²¹¹ A visitor to the wartime South found that, “insanity is scarcely ever known among negroes, whose constitution and temperament are not such as to render them susceptible of mental derangement.”²¹²

In 1851, Dr. Samuel Cartwright labeled “the disease that caused negroes to run away” as drapetomania. The use of suffix mania is of note, as mania in this era referred to a similar disorder as insanity. Cartwright reflects this notion directly in his article when he claimed this disease could be cured by “whipping the devil out of them.”²¹³ Of course, this was all a part of the racist ideology existing in the country. By denying that African Americans experienced mental anguish, or by remedying it through harsh and violent measures, white overseers could wield superiority over the enslaved. By dehumanizing them, white Americans could exercise a sense of superiority over the African race. In fact, most asylums refused African-American patients until well after the war ended.²¹⁴ When they finally began accepting these patients due to the pressures of emancipation and Reconstruction, they often found that many had been mentally ill for years. Joseph Trey was twenty-seven when he was first admitted to an asylum, but had been insane

²¹¹ Galt, “Asylums for Colored Persons,” 82-82, quoted in Diane Miller Sommerville, *Aberration of Mind: Suicide and Suffering in the Civil War-Era South* (Chapel Hill, NC: The University of North Carolina Press, 2018), 87.

²¹² Hopley, *Life in the South*, 183, , quoted in Diane Miller Sommerville, *Aberration of Mind: Suicide and Suffering in the Civil War-Era South* (Chapel Hill, NC: The University of North Carolina Press, 2018), 87-88.

²¹³ Samuel Cartwright, “Diseases and Peculiarities of the Negro Race,” *DeBow's Review Southern and Western States* 11 (1851), quoted in “Diseases and Peculiarities of the Negro Race,” PBS, accessed March 2, 2021, <https://www.pbs.org/wgbh/aia/part4/4h3106t.html>.

²¹⁴ Sommerville, *Aberration of Mind*, 138-139.

since he was a child.²¹⁵ Former slave Curtis Hall was admitted at age eighteen, but had shown signs of lunacy for five or six years.²¹⁶ Despite white efforts to ignore African American suffering, mental trauma amongst free and enslaved individuals was connected by some degree to the racist society in which they lived.

Similarly, studies linked racism to mental trauma amongst veterans both in and out of the military. Marie Carlson, Maurice Endlsey, Darnell Motley, Lamise N. Shawahin, and Monnica T. Williams found that race-based stress and trauma (RBST) has connections with African-American veterans of the Second World War, Korea, Vietnam, Desert Storm, Iraq, and Afghanistan. They concluded that “veterans of color in many different settings experience RBST,” and show a display of other mental afflictions, such as PTSD, depression, and anxiety.²¹⁷ While no studies connected racism to mental trauma among veterans of the American Civil War, links can be made, especially based on scientific research conducted on race and trauma.

A relationship between racism and discrimination and mental trauma exists, as the above research shows. However, another more specific and harsh form of racism has been studied under the lens of mental health. That form – the institution of slavery - existed only in the South during the Civil War-era. Yet, as enslaved individuals escaped

²¹⁵ March 5, 1868, 237, GA, quoted in Diane Miller Sommerville, *Aberration of Mind: Suicide and Suffering in the Civil War-Era South* (Chapel Hill, NC: The University of North Carolina Press, 2018), 142.

²¹⁶ November 26, 1867, 237, GA, quoted in Diane Miller Sommerville, *Aberration of Mind: Suicide and Suffering in the Civil War-Era South* (Chapel Hill, NC: The University of North Carolina Press, 2018), 142.

²¹⁷ Marie Carlson, Maurice Endlsey, Darnell Motley, Lamise N. Shawahin, and Monnica T. Williams, “Addressing the Impact of Racism on Veterans of Color: A Race-Based Stress and Trauma Intervention,” *Psychology of Violence* 8, no. 6 (2018), 750, accessed on May 1, 2021, https://www.researchgate.net/publication/328815068_Addressing_the_impact_of_racism_on_veterans_of_color_A_race-based_stress_and_trauma_intervention.

the bondages of slavery and fled North, they carried those memories – and those traumas – with them. Whether it was capture from the African continent, the Middle Passage, an auction, or enslavement itself, the process was full of traumatizing experiences. As psychologist Janice P. Gump explains:

There is little in slavery that was not traumatic: the loss of culture, home, kin, attendant sense of self, the destruction of families through sale of fathers, mothers and offspring, physical abuse, or even witnessing the castration of a fellow slave. Yet subjugation was its most heinous aspect, as it sought nothing less than annihilation of that which is uniquely human - the self.²¹⁸

The destruction of one's identity was critical to the success of slavery as a whole. Yet, on the individual level, it was devastating to the human psyche. Depression, anxiety, mental instability, and suicide were all clear signs of mental trauma.²¹⁹ Joseph Hawkins, a slaver, in his diary noted on a trip from Africa that the enslaved men and women's "wailings were torturing" and that they "were evidently affected with grief."²²⁰ Na'im Akbar discussed the mental toll of slavery and found that it had and continued to have a mental impact on African Americans.²²¹ New England physician Edward Jarvis, in 1844,

²¹⁸ Janice P. Gump, "Reality Matters: The Shadow of Trauma on African American Subjectivity," *Psychoanalytic Psychology* 27, no. 1 (2010): 48, accessed January 18, 2021, <https://psycnet.apa.org/record/2010-02548-005>.

²¹⁹ Samantha Longman-Mills, Carole Mitchell, and Wendel Abel, "The Psychological Trauma of Slavery: The Jamaican Case Study," *Social and Economic Studies* 68, no. 4 (2019): 88, accessed on January 18, 2021, https://usm-primo-exlibrisgroup-com.lynx.lib.usm.edu/view/action/uresolver.do?operation=resolveService&package_service_id=2460655430005566&institutionId=5566&customerId=5565.

²²⁰ Joseph Hawkins, *A History of a Voyage to the Coast of Africa, and Travels into the Interior of that Country*, (London: F. Cass, 1970 reprint of 1797 ed.), pp. 140–49, quoted in "On the Water: Stories from Maritime America," Smithsonian, accessed March 2, 2021, https://americanhistory.si.edu/onthewater/oral_histories/life_at_sea/pdf/transcript_hawkins.pdf.

²²¹ Naim Akbar, *Breaking the Chains of Psychological Slavery* (Tallahassee, FL: Mind Productions and Associates, Inc., 1996), accessed January 20, 2021,

wrote that there may be something to study regarding “the effects of slavery and freedom upon soundness of mind.”²²² Yet, because slavery was so widespread and affected millions, the experience of that trauma has changed African Americans as a people. The memories, consequences, and repercussions of that institution affected millions, long after emancipation. This has become known as collective trauma. As Gilad Hirschberger of the Interdisciplinary Center Herzliya argues:

Collective trauma is devastating for individuals and for groups; it constitutes a cataclysmic event that affects not only direct victims, but society as a whole. Just as trauma at the individual level shatters assumptive worldviews about oneself and one’s position in the world, so does collective trauma transform the way survivors perceive the world and understand the relationship between their group and other groups, even those unrelated to the initial victimization.²²³

Slavery has affected the African-American population since its inception, through the Civil War-era and beyond. As sociologist Ron Eyerman says, “trauma is mediated through various forms of representation and linked to the reformation of collective identity and the reworking of collective memory.”²²⁴ The memory of slavery is enough to

<https://ia801004.us.archive.org/14/items/BreakingTheChainsOfPsychologicalSlaveryByNaimAkbar/Breaking%20the%20Chains%20of%20Psychological%20Slavery%20by%20Naim%20Akbar.pdf>.

²²² Edward Jarvis, *Insanity Among the Coloured Population of the Free States* (Philadelphia, PA: T. K. & P. G. Collins Printers, 1844), 6, accessed March 3, 2021, <https://collections.nlm.nih.gov/ext/mhl/101475758/PDF/101475758.pdf>.

²²³ Gilad Hirschberger, “Collective Trauma and the Social Construction of Meaning,” *Frontiers in Psychology* 9, no. 1441 (August 10, 2018): 3, accessed January 18, 2021, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6095989/>.

²²⁴ Ron Eyerman, *Cultural Trauma: Slavery and the Formation of the American Identity* (New York: Cambridge University Press, 2001), 1, https://books.google.com/books?hl=en&lr=&id=Vo1wmsvZA-oC&oi=fnd&pg=PP10&dq=Eyerman,+Cultural+Trauma:+Slavery&ots=gRV1_jka-Z&sig=ZAV4Cj-CKjfAC0B172FTKbFNZgE#v=onepage&q=Eyerman%2C%20Cultural%20Trauma%3A%20Slavery&f=false.

instigate trauma for some, even over a century later. While it is true that this thesis is focusing on soldiers, this point is worth noting, especially when one considers that approximately three-fifths of all African-American volunteers were former slaves from the South.²²⁵ As thousands of African-American men marched off to war, many of them carried the mental burden of slavery and nearly all of them were coping with the harsh effects of racism and discrimination.

On top of the mental trauma received from slavery, racism, and discrimination, African American soldiers experienced mental trauma related to Civil War combat, just like their white counterparts. Even though USCT regiments did not see combat at any major engagements until late-1862, they still participated in some of the heaviest fighting of the war. They were the first ones to charge over the walls of Fort Wagner in South Carolina. They held in the fields of Vicksburg, Mississippi, despite being outnumbered. They fought in the trenches of Petersburg. While some found thrill and glory in their roles as frontline soldiers, many more found terror and trauma. Many slaves felt hardened by their exodus North to escape slavery. They had encountered Confederate infantry, slave patrols, and bloodhounds. They had also dealt with the harsh climate, disease, and starvation. Colonel Thomas Higginson of the 1st South Carolina Volunteers said of his soldiers, “There were more than a hundred men in the ranks who had voluntarily met more dangers in their escape from slavery than any of my young captains had incurred in all their lives.”²²⁶ However, most had never experienced anything quite like combat.

²²⁵ Mintz, “Historical Context.”

²²⁶ Thomas Wentworth Higginson, *Army Life in a Black Regiment*, (Boston, MA: Fields, Osgood, & Co., 1870), 246, accessed February 22, 2021, <https://babel.hathitrust.org/cgi/pt?id=cool.ark:/13960/t4th93k2r&view=1up&seq=260&q1=there%20were%20more%20than%20a%20hundred%20men%20in%20the%20ranks%20who%20had>.

Several decades after the end of the Civil War, an African-American lawyer summed the situation up for the USCTs perfectly when he said, “It is impossible to create a dual personality which will be on the one hand a fighting man toward the enemy, and on the other, a craven who will accept treatment as less than a man at home.”²²⁷ African Americans dealt with intense racism at home but also expected to show bravery and ferociousness in combat. For many African-Americans soldiers war, this was an unfair paradox. Battle was terrifying, this they knew. “I have never yet been under fire. I do not want to prove a coward, yet I am afraid I shall. I shall go into it, realizing all the importance and danger of my position,” revealed a soldier in the 43rd USCT.²²⁸ Many African-American soldiers shared these sentiments on the eve of battle. The fear of death proved to be unhelping for many. A member of the Massachusetts 54th Infantry Regiment felt that he would not survive the July 18, 1863 assault on Fort Wagner, South Carolina.²²⁹ A soldier in the 66th USCT deserted his post at Vicksburg, Mississippi after displaying “mental defects” before battle.²³⁰ The heat of battle changed men. In an 1864 attack at Petersburg, Virginia, a USCT who notably never cursed, swore heavily throughout the fight. When confronted about it after, he had no memory of his

²²⁷ Bryan Stevenson, “Lynching in America: Targeting Black Veterans,” Equal Justice Initiative, 2017, accessed February 1, 2021, <https://eji.org/wp-content/uploads/2019/10/lynching-in-america-targeting-black-veterans-web.pdf>.

²²⁸ John C. Brook to Recorder, October 30, 1864, *Christian Recorder*, quoted in Joseph T. Glatthaar, *Forged in Battle: The Civil War Alliance of Black Soldiers and White Officers* (New York: Free Press, 1990), 144.

²²⁹ Luis F. Emilio, *A Brave Black Regiment: The History of the Fifty-Fourth Regiment of Massachusetts Volunteer Infantry 1863-1865* (Mount Pleasant, SC: Arcadia Press, 2017), 41.

²³⁰ Compiled service record, Branch Banks, Private, Company D, 66th U. S. Colored Infantry, record group number 300398; National Archives, Washington, D.C., <https://www.fold3-com.lynx.lib.usm.edu/image/270452258>.

²³⁰ Emilio, *A Brave Black Regiment*, 41.

language.²³¹ Many reflected on their close encounters with death following the battle, amazed that they survived. In his diary after an engagement, one African-American soldier wrote, “I can truly say, I was oblivious of all danger. I had given up on the hope of returning alive from this very jaws of death and thought that it was only left for me to die facing the enemy.”²³² Another trooper wrote:

I prayed on the battle field some of the best prayers I ever prayed in my life.

Why? Sometimes it looked like the war was about to cut my ears off. I would lay stretched out on the ground and bullets would fly over my head. I would take a rock and place it on top of my head, thinking maybe it would keep the bullet from going through my brain, for I knew that it would kill me.²³³

Another USCT even stated that he wished he had never run away from slavery in the first place, because he “couldn’t stand to see all them men lying there dying and hollering and begging for help and a drink of water and blood everywhere you look.”²³⁴ Much like their white counterparts, African-American veterans struggled with the effects of combat. However, also like their white counterparts, the strains of battle did not always end after the war. Many experienced mental trauma long after its conclusion. As mentioned, asylums all across the nation widely denied African-Americans treatment. It was not until the end of the war that some institutions opened their doors to African Americans, and even then, it was in limited numbers. Under pressure from mental health

²³¹ McMurray, *Recollections*, p. 36, quoted in Joseph T. Glatthaar, *Forged in Battle: The Civil War Alliance of Black Soldiers and White Officers* (New York: Free Press, 1990), 148.

²³² Joseph J. Scroggs diary, September 29, 1864, quoted in Joseph T. Glatthaar, *Forged in Battle: The Civil War Alliance of Black Soldiers and White Officers* (New York: Free Press, 1990), 148.

²³³ James McPherson, *The Negro's Civil War: How American Blacks Felt and Acted During the War for the Union* (New York: Vintage Books, 1965), 218.

²³⁴ Benjamin A. Botkin, *Lay My Burden Down: A folk History of Slavery* (Chicago: Delta, 1945), 199-201.

advocates such as Dorothea Dix, the United States Census Bureau in 1840, for the first time ever, included a category for the mentally ill. They labelled it “insane and idiots,” concurrent with the language of the time. As Albert Duetsch found in his study on the 1840 census and the insane, “the census figures showed that of 2,788,573 Negro inhabitants of the slave states, 1,734 were insane or idiotic - making a ratio of one to every 1,558. In the Northern, or free states, on the other hand, 1,191 Negroes out of 171,894 were found to be insane or idiotic - a ratio of one in every 144.5.”²³⁵ As demonstrated earlier, these skewed numbers have more to do with deep-seeded racism than accurate medical data, however, the numbers, especially those in the North, are interesting. According to Deutsch’s data, this is a significantly higher ratio than white Americans. He states, in “the North, one out of 995 white persons were recorded as insane or idiotic; in the South the ratio was one to 945.”²³⁶ While it is unstated and truly unclear, based on the above data and modern research, it can be assumed that this is related to racism and discrimination. Although data in the South does not support this, it is more likely attributed to Southern slaveholders refusing to treat mentally troubled slaves, as supported by their claims regarding slavery, African Americans, and mental illness.

Physician Edward Jarvis supports the above notion in his 1844 study titled, “Insanity among the Coloured Population.” He stated that several Southern states

²³⁵ Albert Deutsch, “The First U. S. Census of the Insane (1840) and Its Use As Pro-Slavery Propaganda,” *Bulletin of the History of Medicine* 15, no. 5 (May 1944): 472, accessed March 4, 2021, <https://www-jstor-org.lynx.lib.usm.edu/stable/pdf/44446305.pdf?refreqid=excelsior%3A3487b4384ae38a95ce98f2d45b37067f>.

²³⁶ Deutsch, 472.

required slaveholders to support all of his slaves “in sickness and in old age. Of course, then, their masters must support them in their insanity and idiocy.”²³⁷ Academic Sally Swartz found evidence that “the hierarchy of status which structured the society outside the asylum was maintained within its walls, with white men tending to fare better than white women, and all the white insane being better cared for than those marked as black.”²³⁸ Furthermore, racist ideologies permeated many asylums. Superintendent Daniel Burr Conrad of Central Lunatic Asylum for the Colored Insane [Petersburg, Virginia] wanted future institutions to be built near urban centers so that labor from African American patients could be exploited.²³⁹ Jamie Ferguson’s 2001 study of the Central Lunatic Asylum in Virginia, the first asylum dedicated solely to free and formerly enslaved African Americans, demonstrates that by 1885, there had been a “continual rise of insanity among Afro-Americans.”²⁴⁰ Emancipation, unending racism, and substantial military service during the war undoubtedly factored into this increase. In her study of the Central Lunatic Asylum, Kirby Ann Randolph claims that, “Freedmen did not receive what would have been meaningful treatment as determined by either their medical belief

²³⁷ Jarvis, *Insanity*, 14.

²³⁸ Sally Swartz, “The Black Insane in the Cape, 1891-1920,” *Journal of Southern African Studies* 21, no. 3 (September 1995): 400, accessed February 15, 2021, <https://www-jstor-org.lynx.lib.usm.edu/stable/pdf/2637251.pdf?refreqid=excelsior%3Ab2b3bb18f835b3257dd94e7390b073be>.

²³⁹ Daniel Burr Conrad, “Report of the Central Lunatic Asylum for the Colored Insane” in *Annual Reports of Officers, Boards and Institutions of the Commonwealth of Virginia* (Richmond: Superintendent of State Printing, 1872), 12,” quoted in Mary Wingerson, ““Lunacy under the Burden of Freedom:” Race and Insanity in the American South, 1840-1890,” BA Thesis, (Yale University, 2018), Accessed April 27, 2021, <https://hshn.yale.edu/sites/default/files/files/Wingerson%20C%20Mary%20-%20Senior%20Project.pdf>.

²⁴⁰ Jamie L. Ferguson, “The Color of Insanity: The Condition of African American Lunatics in the Commonwealth of Virginia, 1845-1879,” quoted in Caitlin Doucette Foltz, “Race and Mental Illness at a Virginia Hospital: A Case Study of Central Lunatic Asylum for the Colored Insane, 1869-1885,” MA Thesis, (Virginia Commonwealth University, 2015), accessed February 4, 2021, <https://core.ac.uk/download/pdf/51290602.pdf>.

system or the medical belief system in which the asylum physicians were trained,” concludes Randolph, “by its own accounts the asylum fell short of the most modest expectations.”²⁴¹ In other words, African Americans experienced different mental health treatment than their white counterparts. This became an increasingly problematic issue when, as historian Jim Downs claims, the end of the Civil War created an extensive mental and medical crisis, especially among the African-American population.²⁴² This was caused by emancipation, displacement, discrimination, and the devastation of the war. As much as African Americans suffered before and during the war, it seemed their situation for the mentally troubled was just as grim in the decades following the end of the war.

While most white units were disbanded following the war’s end in 1865, many USCT units remained active. Since most USCT were raised in 1863 and 1864 on three-year enlistments, they acted as the occupation forces of the South in greater numbers than their white counterparts.²⁴³ Wiley Johnson of the 136th United States Colored Infantry Regiment stated in an interview that he was not recruited from Georgia until June of 1865, two months after Robert E. Lee has surrendered his army at Appomattox Court House, Virginia. He and his unit were placed in Atlanta to occupy the city until they were discharged.²⁴⁴ Occupation of the South by USCTs created extreme moments of tension

²⁴¹ Randolph, “Central Lunatic Asylum for the Colored Insane,” 11-12, quoted in Caitlin Doucette Foltz, “Race and Mental Illness at a Virginia Hospital: A Case Study of Central Lunatic Asylum for the Colored Insane, 1869-1885,” MA Thesis, (Virginia Commonwealth University, 2015), accessed February 4, 2021, <https://core.ac.uk/download/pdf/51290602.pdf>.

²⁴² Jim Downs, *Sick from Freedom: African-American Illness and Suffering During the Civil War and Reconstruction* (Oxford: Oxford University Press, 2015), 41.

²⁴³ Elizabeth A. Regosin, and Donald R. Shaffer, *Voices of Emancipation: Understanding Slavery, the Civil War, and Reconstruction through the U.S. Pension Bureau Files* (New York: New York University Press, 2008), 71.

²⁴⁴ Regosin, *Voices of Emancipation*, 72.

between white Southerners and African American soldiers. In Tennessee, a white man physically attacked an African American citizen. The police responded by arresting the black man. A crowd congregated outside the jail and demanded the innocent man be set free. At this point, Frank Baird of the 111th U. S. Colored Infantry arrived on the scene in an attempt to defuse the situation. He failed, and the mob broke into the jail and set the man free. White Southerners were furious and tried to discredit Baird and the USCTs through accusations of inciting a riot.²⁴⁵

In other instances, the tensions exploded into violence. White citizens of Raymond, Mississippi opened fire on three African Americans, killing one, simply for walking the streets in their Union uniforms.²⁴⁶ Elsewhere, a Virginia man tried to poison the camp well of a USCT regiment in hopes that he could kill every occupying black soldier.²⁴⁷ In another case, the 33rd U. S. Colored Infantry was travelling by rail to Charleston, SC, had been tipped off by a local politician that local inhabitants had planned to eliminate the entire regiment in an elaborate plan. The regiment's commander, Charles T. Trowbridge, ordered several of his men to secretly ride on top of the engine and to respond accordingly in case anything strange happened. The train continued on until it suddenly stopped on top of high trestle bridge, some one hundred feet above a river. Someone pulled the coupling, leaving the USCTs stranded on the bridge while the engine sped away. Locals shot volleys of musket fire into the sides of the train cars while

²⁴⁵ Proceedings of GCM, Trial of Lt. Frank Baird, MM 3864, RG 153, NA, quoted in Joseph T. Glatthaar, *Forged in Battle: The Civil War Alliance of Black Soldiers and White Officers* (New York: Free Press, 1990), 214.

²⁴⁶ H. M. Turner to Stanton, February 14, 1866, quoted in Joseph T. Glatthaar, *Forged in Battle: The Civil War Alliance of Black Soldiers and White Officers* (New York: Free Press, 1990), 215.

²⁴⁷ N. B. Sterritt to Mr. Editor, June 22, 1865, Joseph T. Glatthaar, *Forged in Battle: The Civil War Alliance of Black Soldiers and White Officers* (New York: Free Press, 1990), 148.

others attempted to set fire to the bridge. The madness ended, however, when the engine returned, recoupled the cars, and took the regiment to safety. The men that Trowbridge had ordered to stow away on the engine had acted quickly, and placed a gun to the engineer's head, threatening to shoot him if he did not comply. Although most of the USCTs escaped unscathed, the ambush demonstrated the uneasy racial tension between white Southerners and their African American occupiers.²⁴⁸

African Americans struggled to reunite with their families after their service contracts ended. Slavery was the primary culprit in ripping African-American families apart, but other factors such as Northern racism and segregation played into this. Following the war, many took up the task of reuniting with their loved ones. S. Tyler Moore placed an ad in the newspaper searching for his father, Edward Moore, who was a veteran in the 58th USCT Regiment.²⁴⁹ Moore had not returned home following the end of the war. Many African Americans had no traceable families to return to. Therefore, they relied on former servicemen. Charles W. Grant, a former soldier in the 24th USCT Regiment, placed an ad in a newspaper searching for fellow servicemembers F. L. Mittie, Sergeant Bakes, and John Grimes. Grant was being held in a poorhouse before he was transferred to the Delaware State Hospital for the Insane.²⁵⁰ The difficulties in finding family members or fellow veterans further hurt African Americans who were already coping with the physical and mental scars of the war.

²⁴⁸ Charles T. Trowbridge, "Experiences in the Freedman's Bureau," 15-17, quoted in Joseph T. Glatthaar, *Forged in Battle: The Civil War Alliance of Black Soldiers and White Officers* (New York: Free Press, 1990), 216.

²⁴⁹ "Tyler Moore Searching for Edward Moore," *National Tribune*, May 6, 1909, accessed March 4, 2021, <https://informationwanted.org/items/show/2117>.

²⁵⁰ "Charles W. Grant Searching for Fellow Servicemembers Lieut. F. L. Mittie, Sergeant Bakes, and John Grimes," *National Tribune*, April 11, 1907, accessed March 4, 2021, <https://informationwanted.org/items/show/2827>.

Just as they had fought to gain equal pay during the war, African Americans fought for access to federal pensions for their military service. In the postwar years, many veterans struggled with the physical and mental injuries of the war. They, like their white counterparts, applied for federal pensions. After all, as academics Larry M. Logue and Peter Blanck found in a study of African-American pension claims, the laws and statutes regarding the process rarely mentioned race.²⁵¹ However, this did not mean African Americans had equal access to pensions. Rather, racism from examinations and the Pension Bureau itself meant that a significant number of African-American pension claims were rejected. As Logue and Blanck claim, “African Americans encountered more outright rejections and smaller pension awards than did whites, researchers point to biased pension examiners and documentation rules that were more difficult for black veterans than white veterans to satisfy.”²⁵²

If and when African Americans finally received pensions, it was often years after the war’s conclusion, sometimes even decades. Private Isaac J. Cornish, who served in the 28th USCT Regiment had passed away by the time his pension was accepted in 1912.²⁵³ Another USCT soldier, George K. Buck, served in the 3rd USCT Regiment and received physical and mental wounds from shrapnel to his cranium at the Battle of Fort Wagner, South Carolina in 1863. A fellow soldier testified at Buck’s pension hearing that the wound had left Buck completely insane. Buck’s physical and mental deterioration

²⁵¹ Larry M. Logue and Peter Blanck, “Benefit of the Doubt: African-American Civil War Veterans and Pensions,” *The Journal of Interdisciplinary History* 38, no. 3 (Winter 2008): 377, accessed March 6, 2021, <https://www-jstor-org.lynx.lib.usm.edu/stable/pdf/20143649.pdf?refreqid=excelsior%3Aeac24378fa84d286a1197c93351a4a64>.

²⁵² Logue and Blanck, “Benefit,” 377.

²⁵³ Federal pension file of Isaac J. Cornish [Private. 28th U. S. Colored Infantry, National Archives, accessed March 2, 2021, <https://catalog.archives.gov/id/146141610>.

worsened after the war, until he finally drowned in a work-related accident. Patience Buck, the widow of the former veteran, filed for a federal pension. Despite several more testimonies that Buck's physical and mental disability had stemmed from his military service and had been the sole factor in his death, the Pension Bureau rejected the pension application on the grounds that it could not be proven that his death was related to his wound.²⁵⁴ It is reasonable to suspect that Buck's race played a role in the rejection of his pension, especially considering white pension claims had been accepted for similar or lesser reasons. Former USCT Clay Ballard appealed for a pension after the war but was denied even after an examining board found him to be "partially disabled" and "unfit for hard manual labor."²⁵⁵ Ballard claimed he "did not receive a fair and impartial examination" because no "colored ex-soldier can get justice from that board."²⁵⁶ He died before he was able to appeal the rejection. Alexander Daughtry of the 135th United States Colored Infantry Regiment owned sixty-seven acres of farmland after the war. Despite all his land, he lived in "a poor shack a little better than a pig pen" and had "no bedding or furniture worthy of the name and the poorest sort of clothes."²⁵⁷ His pension record indicates that he was physically and mentally unable to handle his own matters, but the Board granted him just six dollars a month.²⁵⁸ The fight for pensions was another front

²⁵⁴ The Deposition of Joshua James in George H. Buck, Third USCI pension file, December 9, 1879, National Archives Records and Administration, Washington, D.C. quoted in Holly A. Pinheiro, Jr., "Black Families' Unending Fight for Equality: Teaching Civil War Pension Records," *The Journal of the Civil War Era*, February 21, 2021, accessed March 6, 2021, <https://www.journalofthecivilwarera.org/2021/02/black-families-unending-fight-for-equality-teaching-civil-war-pension-records/>.

²⁵⁵ Logue and Blanck, "Benefit," 378.

²⁵⁶ Logue and Blanck, "Benefit," 378.

²⁵⁷ Regosin, *Voices of Emancipation*, 147.

²⁵⁸ Regosin, *Voices of Emancipation*, 147.

that African Americans faced prejudice, despite their mental and physical traumas accrued during the war.

It is clear that combat is a life-changing, terrifying experience. For many who fought, mental trauma followed. When African Americans answered the call to arms in late-1862 and early-1863, few understood how harrowing the battlefield could be. Their use in combat roles proved to be just as traumatic as their white counterparts' experience. Yet, the African-American service experience was different. Although they experienced combat trauma in a similar manner, an additional layer of trauma from the experience of slavery, intense racism and discrimination, and the threat of execution upon surrender tormented many African-American soldiers. This duality of trauma, first starting with the layer of combat trauma and then piling on the additional factors, has been overlooked in previous historical scholarship but is undoubtedly a critical component to the overall understanding of African-American service in the Civil War.

CHAPTER IV – THE BATTLE THAT NEVER ENDS: THE CHANGING PUBLIC PERCEPTION OF MENTAL TRAUMA IN THE POST-WAR YEARS

Less than two decades before the Civil War, Dorothea Dix had just begun to lobby Congress for mental health reform. Although the construction of state and Federal asylums increased in 1840, the war produced an overwhelming number of psychiatric casualties. Even worse than overcrowded institutions was the lack of understanding regarding mental health. Most medical practitioners of the time subscribed to “moral treatment.” They believed that mental illness was the result of moral or physical weakness. While the war did not change the medical understanding of psychology, it did affect familial and communal perceptions of it.

As this thesis has argued through a class and racial examination, it is evident that many Civil War combatants in the North developed mental trauma from their experiences in battle. While their perspective is crucial, largely missing is the public’s reaction to psychologically damaged veterans in the post-war years. Even when the war ended, mental trauma did not – many veterans struggled to cope with their experiences for the rest of their lives. Despite the growing number of asylums in mid-nineteenth century America, most of the nation’s mentally disturbed did not get treatment in facilities from trained professionals. Instead, they received care in their homes from friends and family. This created a divide between family and professional treatment for mental illness. This chapter will argue that even if the war did not advance the medical understanding of psychology, it did affect the familial and communal perception of insanity. Although families and communities could never fully understand veterans’ war trauma, they did

learn to cope. Through the practice of an adapted form of moral treatment at home, the public had different goals. Instead of focusing their energy on curing the insane, mostly due to inadequate equipment or knowledge, the public attempted to assist mentally ill veterans through coping mechanisms. Healing was not the ultimate goal, although it was certainly welcome. Where before the war the public had related mental illness to morality, after the war the connection between a veteran's psychological struggles and their military service became more widely accepted among nonprofessionals.

In 1791, English Quaker William Tuke presented his thoughts on mental health reform to the Society of Friends in York, England. This discussion was in direct response to the mysterious and sudden death of a mentally ill patient a year before. Tuke's presentation served as the foundation for a new practice in psychology. Physical space was the highlight of Tuke's suggested method. Before 1791, the mentally disturbed were restricted to prison-like structures. Their surroundings were isolated, dark, and glum, but moral treatment changed that. Instead of a jail cell, the mentally troubled were held in a bedroom, with windows, a bed, and decorations. An asylum would contain a garden or a recreational room where patients could exercise or relax. This, Tuke felt, was the key to curing the insane – let nature heal them through “good” and “moral” feelings.²⁵⁹ The Society of Friends, despite resistance, ultimately agreed to build an asylum based on this new design and “The Retreat” [York, England] opened in 1796.²⁶⁰ Simultaneously, French psychiatrist Philippe Pinel's communication with asylum administrator Jean-

²⁵⁹ Barry Edginton, “The York Retreat,” *Victorian Review* 39, no. 1 (Spring 2013): 9-10, accessed on March 12, 2021, <https://www-jstor-org.lynx.lib.usm.edu/stable/pdf/24496989.pdf?refreqid=excelsior%3A27c3918c74628f7f72dfb0c2429d286e>.

²⁶⁰ Edginton, “The York Retreat,” 11-12.

Baptiste Pussin revealed a similar discussion regarding the treatment of mental patients. The duo felt that early methods had been too harsh. In order to cure insanity, asylums must “dominate agitated madmen while respecting human rights.”²⁶¹ In 1794, Pinel presented his ideas to the Society for Natural History in Paris. He officially named his practice “traitement moral.”²⁶² Much like Tuke, Pinel sought “fixed principles derived from nature on which to base management and supervision.”²⁶³ These two presentations served as the creation of moral treatment.

Moral treatment contained two important preconditions. Professor Louis Christian Charland described these two notions in his chapter titled “Moral Treatment in the Eighteenth and Nineteenth Century.” The first stated that, “the mentally ill are not totally devoid of reason and that, despite their illness, they are still human souls deserving of kindness and charity.” The second states that, “the mentally ill can be therapeutically reached through their residual intellectual and affective capacities. As a result the mentally ill are not completely mentally alienated from the rest of humankind, and mental alienation is not complete. It follows that the mentally ill are psychologically accessible to some degree, and therefore possibly amenable to some form of psychological therapy.”²⁶⁴ This second notion is most important to this chapter’s argument. Moral

²⁶¹ Dora B. Weiner, “Memoir on Madness of December 11, 1794: A Fundamental Text of Modern Psychiatry,” *The American Journal of Psychiatry* 149, no. 6 (1992): 725-732, accessed on March 12, 2021, <https://ajp.psychiatryonline.org/doi/abs/10.1176/ajp.149.6.725>.

²⁶² James W. Trent, Jr., “Moral Treatment,” Virginia Commonwealth University, accessed on March 14, 2021, <https://socialwelfare.library.vcu.edu/issues/moral-treatment-insane/>.

²⁶³ James C. Harris, “Pinel Delivering the Insane,” *Archives of General Psychiatry* 60, no. 6, (2003): 552, accessed on March 12, 2021, <https://jamanetwork.com/journals/jamapsychiatry/fullarticle/207489>.

²⁶⁴ Abraham Rudnick and David Roe, *Serious Mental Illness: Person-Centered Approaches (Patient-centered Care)*, 1st ed. (Boca Raton, FL: CRC Press, 2011), 1-2.

treatment aimed to create a comfortable and caring environment, but curing the patient was the ultimate goal.

As other practitioners in psychology and asylum administration took notice of Tuke and Pinel's work, moral treatment became increasingly popular across popular Europe. Institutions in Italy and Germany implemented the new technique. It was not long before the movement spread to America. Physician Benjamin Rush, one of the signers of the Declaration of Independence, first employed moral treatment in the United States in his 1812 book, *Medical Inquiries and Observations Upon the Diseases of the Mind*.²⁶⁵ However, Rush did not fully subscribe to its methods, and preferred his own new invention, the tranquilizer chair.²⁶⁶ Despite this, the treatment gained traction, especially with Dorothea Dix. Dix was a strong antebellum proponent of moral treatment. She worked for mental health reform in the United States and lobbied Congress to both improve and build asylums across the country. Care methods varied from institution to institution and not all administrators practiced moral treatment. Some even opposed it, such as Isaac Ray, administrator at the Butler Hospital in Rhode Island. In response to proponents of treatments that included reading, Ray stated "cheap novels and trashy newspapers [are] more a cause than a cure of insanity."²⁶⁷ However, most superintendents agreed that moral treatment provided the best means for healing the insane. This is evident through the creation of the Association of Medical Superintendents of American

²⁶⁵ Len Levin, "Bibliotherapy: Tracing the Roots of a Moral Therapy Movement in the United States from the Early Nineteenth Century to the Present," *Journal of the Medical Library Association* 101, no. 2 (Spring 2019): 89, accessed on March 15, 2021, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3634391/>.

²⁶⁶ The tranquilizer chair was built on the belief that insanity was a result of brain inflammation. The chair restricted the patient and constricted blood flow to the brain, in an attempt to relieve it; Trent, "Moral Treatment," <https://socialwelfare.library.vcu.edu/issues/moral-treatment-insane/>.

²⁶⁷ Levin, "Bibliography," 89-90.

Institutions for the Insane (AMSAI). Founded by thirteen asylums superintendents in 1844, “the group was formed to provide its members a means of sharing best practices in the day-to-day operation of their respective institutions, but it also provided a means for the superintendents to present themselves to policy makers and the public at large as the voice for mental health care.”²⁶⁸ The organization’s influence ensured moral treatment would spread throughout the United States.

One hospital that subscribed to the theory of moral treatment was the Eastern Lunatic Asylum in Williamsburg, Virginia. Superintendent John M. Galt, in his 1846 book *The Treatment of Insanity*, claimed that “treatment of the insane is of two kinds, medical and moral, both of which are important.”²⁶⁹ Furthermore, he stated “a fundamental principle in preparing the cure of insanity, in a great number of cases, is to recur at first to an energetic repression, to be succeeded by kindness.”²⁷⁰ Only through the kindness and compassion of moral treatment could the insane be healed. Galt renovated the asylum to give patients more room, real beds, furniture, and an open garden.²⁷¹ His asylum was not alone though.

Another was the St. Elizabeths Hospital in Washington D.C., later called the Government Hospital for the Insane. Established in 1852 in direct response to Dix’s influence, it was the first federally run facility of its kind. The building was designed with

²⁶⁸ Thomas J. Otto, *St. Elizabeths Hospital: A History* (Washington D.C.: United States General Services Administration, 2013), 6-7, accessed on March 4, 2021, http://www.stelizabethsdevelopment.com/docs/Full_History_of_St_Elizabeths.pdf.

²⁶⁹ John Minson Galt, *The Treatment of Insanity* (New York: Harper, 1846): V, accessed March 22, 2021, <https://archive.org/details/treatmentofinsan00galt/page/46/mode/2up?q=kindness>.

²⁷⁰ Galt, *Treatment*, 47.

²⁷¹ Linnea Kuglitsch, “Materia Medica, Materia Moral: An Archaeology of Asylum Management and Moral Treatment in the United States, 1840-1914,” PhD diss., (University of Manchester, 2019), 15-16, accessed on March 19, 2021, https://www.research.manchester.ac.uk/portal/files/182561084/FULL_TEXT.PDF.

moral treatment in mind: “the campus had a small zoo, pleasure walks, a farm on which to work, and striking views of downtown Washington, Alexandria, and the Potomac and Anacostia Rivers.”²⁷² The hospital officially opened in 1855, although construction was not yet complete on all wings.²⁷³ By the end of that same year, the hospital had admitted sixty patients. That number grew to ninety-three by 1856.²⁷⁴

In 1861, the American Civil War broke out. Some 1,900 Union soldiers gained entry into St. Elizabeths Hospital between 1861 and 1864, although a number of those soldiers were recovering from disease and battle wounds as opposed to mental illness, according to hospital admission records.²⁷⁵ Still, a significant number of veterans who entered the asylum suffered from insanity. Superintendent of the hospital Charles H. Nichols, stated in 1864 that there was a “larger proportion of men who are more readily affected by the exciting causes of insanity than were to be found during the first two years of the war.”²⁷⁶ The medical wing of the hospital closed that same year, leaving only mental patients. By 1866, the hospital held 648 patients, all suffering from mental illness.²⁷⁷

²⁷² Frances M. McMillen and James S. Kane, “Institutional Memory: The Records of St. Elizabeths Hospital at the National Archives,” National Archives, accessed March 13, 2020, <https://www.archives.gov/publications/prologue/2010/summer/institutional.html>.

²⁷³ Matthew Joseph Gambino, “Mental Health and Ideals Of Citizenship: Patient Care at St. Elizabeths Hospital In Washington, D.C., 1903-1962,” PhD diss., (University of Illinois at Urbana-Champaign, 2010), 32, accessed on March 19, 2021, https://www.ideals.illinois.edu/bitstream/handle/2142/18611/Gambino_Matthew.pdf?sequence=1.

²⁷⁴ Otto, *St. Elizabeths*, 33.

²⁷⁵ Otto, *St. Elizabeths*, 76.

²⁷⁶ Otto, *St. Elizabeths*, 83.

²⁷⁷ United States Congress, *The Abridgment: Containing Messages of the President of the United States to the Two Houses of Congress with Reports of Departments and Selections from Accompanying Papers*, vol. 42, ser. 2 (Washington, D.C.: Government Printing Office, 1872), 693, accessed on March 27, 2021, <https://babel.hathitrust.org/cgi/pt?id=uiug.30112124400182&view=1up&seq=1>.

Many medical professionals and asylum administrators recognized the effects that the war had on their patients. Of those effects, Charles Nichols said “there is little doubt that the character of the mental manifestations of the insane since the war has been materially determined by the familiarity of the public mind, acquired during that struggle, with the violence and spirit of violence which necessarily attend all warfare.”²⁷⁸ Based on his remark, it is obvious that Nichols believed battle impacted the mental health of those who endured it. While it is impossible to know the true psychiatric cost, it is clear that the nation struggled with an overwhelming number of insane in the post-war years. In 1840, the year the United States Census Bureau first began to track mental illness on census records, the country’s population numbered 17,063,353.²⁷⁹ In 1974, medical analyst Kurt Gorwitz concluded in his study of nineteenth century mental illness that for every 100,000 individuals living in the United States, 50.7 individuals displayed a mental illness. By 1860, just before the outbreak of the war, he found that 76.6 individuals out of every 100,000 were insane.²⁸⁰ By 1880, fifteen years after the end of the war, Gorwitz found that for every 100,000 individuals, 183.3 of them were mentally ill.²⁸¹ Based on this data, it can be deducted that from 1840 to 1860, the nation experienced a 51.1% growth in mental illness diagnoses. From 1860 to 1880, that increase exploded to

²⁷⁸ Otto, *St. Elizabeths*, 84.

²⁷⁹ “History,” United States Census Bureau, accessed on March 23, 2021, https://www.census.gov/history/www/through_the_decades/fast_facts/1840_fast_facts.html

²⁸⁰ “History,” United States Census Bureau, accessed on March 23, 2021, https://www.census.gov/history/www/through_the_decades/fast_facts/1860_fast_facts.html

²⁸¹ Kurt Gorwitz, “Census Enumeration of the Mentally Ill and the Mentally Retarded in the Nineteenth Century,” *Health Services Reports* 89, no. 2, (Spring 1974), 182, accessed on March 23, 2021, <https://www-jstor-org.lynx.lib.usm.edu/stable/pdf/4595007.pdf?refreqid=excelsior%3A2db4b83a6cac6279bc5a415a679408b6>.

139.3%. It is undeniable that the growing population certainly factors into those numbers. Between 1840 and 1860, the population expanded by 14,379,968 million people. Between 1860 and 1880, it had only grown by 18,745,888 persons. While the four million difference in population is notable, it is not enough to more than double the percentage growth in mental illness in the years following the end of the war. As explained in the first chapter of this thesis, several major factors such as the population growth, immigration, increased asylum access, and emancipation contributed to the rise of insanity in the post-war period. The dramatic rise in mental cases cannot be attributed to the war alone. However, this does not diminish the role the conflict played in producing psychiatric cases. Evidence from chapter one, supported by the above statistics, also supports the theory that the war contributed to the sharp rise of insanity in the post-war period. The works of historians such as Eric Dean Jr., Diane Sommerville, James McPherson, and Michael C. C. Adams, argue that the psychological damage was widespread and impacted thousands.²⁸² Furthermore, asylum records from the post-war period connect many cases to prior military service. This was the case for the Insane Asylum of North Carolina, which recorded seventeen patients' prognoses of insanity as caused by the Civil War, and the Western State Lunatic Asylum in Virginia, which admitted fifty-seven patients whose illness resulted from "the War."²⁸³ Based on this, it is

²⁸² More detailed information on the works of the historians can be found in the first and second chapters of this thesis.

²⁸³ "N.C Insane Asylum" *The Western Democrat*. January 8, 1867. Accessed November, 4, 2014, <http://chroniclingamerica.loc.gov/lccn/sn84020712/1867-01-08/ed-1/seq-2/>, quoted in Sarah A.M. Ford, "Quantity Over Quality: The Mental Health Services for Civil War Veterans," PhD diss., (The State University of New Jersey, 2016), 61, accessed on March 20, 2021, <https://rucore.libraries.rutgers.edu/rutgers-lib/49360/PDF/1/play/>; McClurken, *Taking Care of the Living*, 118, quoted in Sarah A.M. Ford, "Quantity Over Quality: The Mental Health Services for Civil War Veterans," PhD diss., (The State University of New Jersey, 2016), 61, accessed on March 20, 2021, <https://rucore.libraries.rutgers.edu/rutgers-lib/49360/PDF/1/play/>.

evident (despite other factors) that the war contributed significantly to the sharp increase of insanity cases.

Despite the staggering increase in mental illness after the war, medical care hardly changed. Asylum administrators after the war continued the practice of moral treatment much like they had before the war. This is largely attributed to the lack of scientific and medical understanding of mental illness. Founded in 1844, the *American Journal of Psychiatry* (originally *The American Journal of Insanity*) devoted little legitimate research towards the advancement of mental illness, and even less attention to the connections between combat and trauma. In fact, the only true study completed in years following the end of the war regarding combat and medical understanding was Jacob Mendez DaCosta's 1871 "On Irritable Heart."²⁸⁴ Labeled officially as "irritable heart" or "DaCosta's Syndrome" and unofficially as "soldier's heart," DaCosta made one of the first connections between combat stress and the physical symptoms of mental trauma, such as heart palpitations.²⁸⁵ DaCosta's work focused only on physical reactions, not mental. Largely throughout the rest of the nineteenth century, medical understanding of mental illness stagnated and instead fixated on the concepts of moral treatment. Former Civil War surgeon Silas Weir Mitchell wrote in 1914, "I regret that no careful study was made of what was in some instances an interesting psychic malady, making men hysteric and incurable except by discharge."²⁸⁶

²⁸⁴ Jacob Mendez DaCosta, "On Irritable Heart: A Clinical Study of a Form of Functional Cardiac Disorder and Its Consequences," *The American Journal of Medicine* 11, no. 5 (November 1951): 559-567, accessed on March 13, 2021, <https://www.sciencedirect.com/science/article/abs/pii/0002934351900381#>.

²⁸⁵ DaCosta, "On Irritable Heart," 559-567.

²⁸⁶ Ron Soodalter, "The Shock of War," HistoryNet.com, accessed on March 24, 2021, <https://www.historynet.com/the-shock-of-war.htm>.

Examples of moral treatment in the post-war period can be seen in St. Elizabeths Hospital. Superintendent William Whitney Godding, who replaced Charles Nichols in 1877, continued to build upon his predecessor's legacy. He made this clear when he stated:

The poor veteran who, bedridden, has turned his face to the wall only to 'babble of green fields' that he no longer sees, wheeled out on the piazzas may again associate with the trees, look into their green leaves, and lying in the morning's light drink in its reviving breeze. A little glazing may transform these same spaces into winter sun baths to rival Algeria's house tops for invalids. When outdoors means Heaven to the bedridden sufferer, why shut him out of it?²⁸⁷

Godding still felt that the physical environment of asylums was critical to curing insanity. He went as far to build new gardens for his patients and planted hundreds of trees throughout the institution "to increase the comfort of our people [patients] in hot weather."²⁸⁸ Inspired by moral treatment, he sought to create an asylum that was "light, cheerful, and homelike" and that was as "open and free as any private house."²⁸⁹ Godding was not the only one. Other institutions across the United States continued to practice moral treatment, despite the notable increase of mentally ill patients coming home from the war.

Despite the lacking medical understanding of mental trauma as it was related to combat – and the professional fixation on moral treatment – the families and communities surrounding mentally ill veterans often comprehended their suffering and

²⁸⁷ Otto, *St. Elizabeths*, 104.

²⁸⁸ Otto, *St. Elizabeths*, 134-135.

²⁸⁹ Otto, *St. Elizabeths*, 137.

helped them cope. Families first managed the afflicted, sometimes years before the patient was institutionalized, if they ever did at all. Because of this initial exposure and their close relations to those suffering, families and communities of mentally-troubled veterans were on the forefront of medical treatment. They learned about veterans' needs and struggles and often realized how to cope with them. As historian Lawrence B. Goodheart states, "medical models did not overwhelmingly influence the determination of mental disorder. Nor did physicians play an exclusive role in the care of the mentally ill. Instead, the population dispersion and town government in a largely rural setting usually made mental illness a family and community concern governed by informal practices."²⁹⁰

In the late-eighteenth and early-nineteenth century, the public's understanding of mental illness was limited to what professionals told them. As mentioned in chapter one, religion dominated early beliefs regarding mental illness, especially in Puritan New England. Individuals believed that insanity was the result of sin and moral weakness.²⁹¹ As Goodheart contends, "during the colonial era and later, home care, folk remedies, and religious lore were the norm."²⁹² Directly related to this concept was moral insanity. English alienist James Cowles Prichard coined the phrase in 1835. He argued that mental

²⁹⁰ Lawrence B. Goodheart, "Murder and Madness: The Ambiguity of Moral Insanity in Nineteenth-Century Connecticut," *Connecticut History Review* 41, no. 2 (Fall 2002): 175, accessed on March 25, 2021, <https://www-jstor-org.lynx.lib.usm.edu/stable/pdf/44369581?refreqid=fastly-default%3Ae15819e3cbe4ad32251cf3557f2e457a>.

²⁹¹ Jodie Boyer, "Moral Insanity and Psychology in Nineteenth-Century America," *Religion and American Culture: A Journal of Interpretation* 24, no. 1 (Winter 2014): 71, accessed on March 21, 2021, <https://www-jstor-org.lynx.lib.usm.edu/stable/pdf/10.1525/rac.2014.24.1.70.pdf?refreqid=excelsior%3A7f8901f272c81ce720587513a3d4c12b>.

²⁹² Goodheart, "Murder and Madness," 176.

illness resulted from a breakdown in an individual's moral characteristics and stemmed directly from "selfishness and individualism."²⁹³

Moral insanity dominated the case of "Miss C" in 1858. Unmarried at twenty-five years old, she began hearing voices in her head when nobody was around. The voices commanded her to do harm to herself and her family. She was detained and sent to the Utica State Asylum in New York. Her family assumed that the voices were related to her recent conversion to spiritualism.²⁹⁴ Thus, "Miss C's" insanity was blamed on her loss of moral control in the process of her religious transformation.

Moral insanity permeated the judicial system as well, even at the local level. Agostinho Rabello, a cobbler in his thirties, murdered Ferris, a twelve-year-old boy, for accidentally bumping into him. Despite obvious evidence, Rabello was acquitted of all charges because he was diagnosed with moral insanity during the trial. Neighbors described him as "an ugly tempered fellow."²⁹⁵ He had a past of wielding weapons in front of townspeople.²⁹⁶ His community attributed these outbreaks to a lapse in his morality – to them, Rabello was insane because he was "ugly tempered."

Willard Clark, in 1855, also fit this description. Clark had been engaged to Henrietta Bogart until she broke off the engagement and married another man, Richard Wight, a year later. When Clark found out, he fatally shot Wight with a pistol. Yet, during his trial, he was acquitted on the grounds of moral insanity. It was discovered

²⁹³ Boyer, "Moral Insanity," 71-72.

²⁹⁴ S. P. Fullinwider, "Insanity as the Loss of Self: the Moral Insanity Controversy Revisited," *Bulletin of the History of Medicine* 49, no. 1 (Spring 1975): 98, accessed on March 21, 2021, <https://www-jstor-org.lynx.lib.usm.edu/stable/pdf/44450205.pdf?refreqid=excelsior%3Ac1962a42ad3afc88cb9b1940335408e1>.

²⁹⁵ Goodheart, "Murder and Madness," 177-178.

²⁹⁶ Goodheart, "Murder and Madness," 173-180.

through witness testimonies that Clark had struggled with mental illness months before the homicide. One man claimed, “his [Clark’s] head was full of women” and another noted he was pleased to have committed the murder.²⁹⁷ Clark, to the court and community around him, had gone insane and killed Wight because of moral corruption. Acts of anger and violence that resulted in murder could be excused if the defendant could connect their aggression to moral insanity.

Perhaps the most famous case of moral insanity in the courts comes from the 1859 trial of future Union Major General Daniel Sickles. He became aware of an affair between his wife and Philip Barton Key, but the news had already leaked into the public, sparking a scandal. Sickles became furious, sought out Key, and fatally shot him before turning himself over to authorities. Despite obvious physical evidence that Sickles had murdered Key and a Sickles’ confession, Sickles was found not guilty. His seven defense attorneys argued that he committed a “justifiable homicide” during a “temporary state of insanity,” which became the first use of insanity as a defense in court.²⁹⁸ It was possible, his lawyers contended, to be “intellectually sane but morally or emotionally insane and therefore legally justified in killing.”²⁹⁹ Because Sickles was caught up in the public scandal and was wronged by the adulterous Key, the murder was accepted as vindicated and Sickles was acquitted. The Victorian Era ideal of masculinity also permeated this case: Sickles was defending his honor as a man. As evident in these three cases,

²⁹⁷ Goodheart, “Murder and Madness,” 180-181.

²⁹⁸ Alexis Coe, “By Reason of Insanity,” *Lapham’s Quarterly*, May 21, 2015, accessed on April 28, 2021, <https://www.laphamsquarterly.org/roundtable/reason-insanity>.

²⁹⁹ Trial of Daniel Sickles, 1864, *supra* note 2, at 581- 86 quoted in Robert M. Ireland, “Insanity and the Unwritten Law,” *The American Journal of Legal History* 32, No. 2 (Apr., 1988), 158, accessed on April 18, 2021, <https://www-jstor-org.lynx.lib.usm.edu/stable/pdf/845701.pdf?refreqid=excelsior%3A94e65f1c8dd16d73558a6b1e79e3e1ce>

nineteenth century Americans were no strangers to the connection between extreme violence and insanity. Sometimes, those acts of erratic behavior could be excused on the grounds of moral insanity. Therefore, the relationship of insanity and morals was intertwined. While the coming of the Civil War did not completely eliminate the belief in moral insanity, it did alter the way the public viewed and understood mental illness.

John Jefferson Anderson was twenty-one years old when he enlisted in Company F of the 117th Illinois Volunteer Infantry as a private.³⁰⁰ He and his unit saw fierce combat at the Battle of Nashville, Tennessee, one of the bloodiest engagements of the war, in December 1864.³⁰¹ When Anderson returned home in 1865, he was not the same man. A newspaper noted, “while serving his country [he] became demented.”³⁰² Anderson did not receive treatment for his mental illness from medical professionals. Instead, it was his family who cared for him. A sibling “attended the wants of his afflicted brother” which included feeding, washing, and dressing him. This continued for over thirty years, until 1896, when Anderson perished in an accidental house fire.³⁰³ The family could have sent him to an asylum, an almshouse, or to the streets. Yet, they cared for him for over three decades and learned to cope with his war trauma. Significantly, the newspaper did not blame his insanity on moral weakness, but instead, related it to his military service.

³⁰⁰ Brian S. Bradshaw, “Peace Had Its Defeats: Researching Civil War Veterans, Post-Traumatic Stress Disorder and Insanity,” *Journal of the Illinois State Historical Society* 113, no. 3-4 (Fall/Winter 2020): 67, accessed on March 27, 2021, <https://www-jstor-org.lynx.lib.usm.edu/stable/pdf/10.5406/jillistathistsoc.113.3-4.0067?refreqid=fastly-default%3Afcc83b16200edf95f180a349e1de61da>.

³⁰¹ “Battle Unit Details: 117th Regiment, Illinois Infantry,” National Park Service, accessed on March 27, 2021, <https://www.nps.gov/civilwar/search-battle-units-detail.htm?battleUnitCode=UIL0117RI>.

³⁰² “Met A Horrible Death,” *The Edwardsville Intelligencer*, January 3, 1896, accessed on March 27, 2021, <https://www.newspapers.com/image/26504800/>.

³⁰³ “Met a Horrible Death.”

In another other instance, Union veteran Daniel Sawtelle explained that “my wife has been my dr. and my nurse all of these 50 years of our married life.”³⁰⁴ Private Austin A. Carr of the 82nd New York Volunteer Infantry was captured after he received a wound at the Battle of Gettysburg. When he returned finally home, he was haunted by the “horrors of war.”³⁰⁵ He asked “his care-worn mother not to come close to him because of his condition,” but his brother-in-law insisted that Carr receive familial care.³⁰⁶ Anderson, Sawtelle, and Carr were not alone or extraordinary. The majority of the nation’s mentally ill received care and treatment at home, among family and friends, as opposed to professional care in asylums.

As demonstrated earlier in this chapter, the number of insanity cases escalated in the decades following the Civil War. In 1860, asylums in the United States admitted only 8,500 individuals. A decade later, that number had more than doubled to 17,735.³⁰⁷ While the population increase must be accounted for, the percentage of total population admitted into asylums rose from 0.03 percent in 1860 to 0.08 percent in 1880 – a 166.7 percentage growth.³⁰⁸ The traumatic and lethal four-year Civil War, among other factors, contributed to that increase. As noted earlier, most of those individuals were not cared for

³⁰⁴ Michael Shaefer, “Really, Though, I’m Fine: Civil War Veterans and the Psychological After Effects of Killing,” *The Civil War in Popular Culture: Memory and Meaning*, (Lexington: University of Kentucky, 2013), 11-24, quoted in Sarah A. M. Ford, “Quantity Over Quality: The Mental Health Services for Civil War Veterans,” PhD diss., (The State University of New Jersey And the New Jersey Institute of Technology, 2016), 35, accessed March 25, 2021, <https://rucore.libraries.rutgers.edu/rutgers-lib/49360/PDF/1/play/>.

³⁰⁵ Austin A. Carr, *A Casualty at Gettysburg and Andersonville: Selections from the Civil War Diary of Private Austin A. Carr Of The 82nd N.Y. Infantry*, ed. David G. Martin (Hightstown, NJ: Longstreet House, 1990), 5.

³⁰⁶ Carr, *A Casualty at Gettysburg and Andersonville*, 20.

³⁰⁷ Gorwitz, “Census Enumeration,” 184.

³⁰⁸ These calculations are based off data in Gorwitz, “Census Enumeration,” 184.

in asylums, but rather at home among family.³⁰⁹ In 1860, 24,042 individuals were mentally ill, but only 8,500 had gained admittance into asylums. By 1880, these numbers had risen. The census that year record 91,959 total insane persons, with just 38,047 of those institutionalized.³¹⁰ This meant that in 1880, only 41.4 percent of the nation's mentally ill received care in asylums. Most of the other 58.6 percent remained at home, surrounded by friends and family.³¹¹ Because of this, the public had to learn how to manage insane fathers, sons, brothers, and uncles who struggled with mental trauma from the war. They began by relating veterans' psychological damage to their military service, instead of a flaw in their morality as they might have done before the war.

One obvious way the public's conception of mental illness changed is seen in language about mental illness. As discussed earlier, concepts of moral treatment, moral insanity, and religion remained prevalent in insanity cases, even after the war. However, other "diagnoses" gained popularity in public discussions.³¹² Society grew to recognize terms like "acute mania," "soldier's heart," "nervous shock," "melancholy," "nostalgia," "dementia," and "hysteria."³¹³ These terms related veterans' mental illness to military service, instead of a flaw in their morality. As historian Ashley Bowen noted, families and communities surrounding veterans described them as "broken down." While this language certainly indicates a physical weariness, it often carried psychiatric

³⁰⁹ John C. Waller, *Health and Wellness in 19th-Century America* (Santa Barbara, CA: Greenwood, 2014), 176.

³¹⁰ Gorwitz, "Census Enumeration," 184.

³¹¹ A small percentage remained alone, either roaming the streets or locked into poorhouses or prison. However, thanks to efforts regarding mental health reform, this number was low in 1880.

³¹² Diagnoses is in quotations because not all of the terms used were official medical terminology.

³¹³ Soodalter, "The Shock of War."

connotations as well, and an indication that morality was not entirely absent.³¹⁴ Northern newspapers, such as *The Indiana State Sentinel* in 1864 and *The Appleton Crescent* in 1866, began to refer to mentally disturbed veterans as “broken down soldiers.”³¹⁵

As veterans made their way home, many carried the psychological burdens of war with them. How were families to respond when the men that went off to war four years earlier came back mentally broken? They knew these soldiers to be, while not without fault, generally good and moral men. So, when veterans returned erratic, recluse, sometimes violent, and reliant on alcohol to cope with suffering, many families were perplexed. Relatives struggled to understand how their loved ones could have changed so much in four years. Before the war, medical professionals could point to a lack of morality as the cause for insanity; but families knew these veterans that returned home mentally ill, and they were not immoral. The public did not challenge this before the war, however, because they did not see the huge swath of mentally ill like they did after the war. To families, the only rational explanation for this dramatic change was that military service and the horrors that veterans witnessed must have changed them.

The case of one Maryland soldier captures this. Family members of Christian Potter, a former private in the 5th Maryland Infantry, noticed that he returned home from war a changed man. Before he left he was “a bright business man” who “appeared calm and considerate;” after the war he was “insane” and his “actions were queer.” Potter’s

³¹⁴ Ashley Elizabeth Bowen-Murphy, “All Broke Down: Negotiating the Meaning and Management of Civil War Trauma,” PhD diss., (Brown University, 2017), 2, accessed on March 28, 2021, <https://repository.library.brown.edu/studio/item/bdr:733280/PDF/>.

³¹⁵ “Negro Equality, Socially and Politically-The Right of Suffrage to be Given to African,” *The Indiana State Sentinel*, March 7, 1864, accessed on March, 27, 2021, <https://www.newspapers.com/image/167015141/?terms=broken%20down%20AND%20soldier&match=1>; “Green County Republicanism,” *The Appleton Crescent*, October 6, 1866, accessed on March, 27, 2021, <https://www.newspapers.com/image/396669801/?terms=broken%20down%20AND%20soldier&match=1>.

half-brother, George Wagner, wrote “as the fact of his insanity as a result of army life I have never had any doubt.”³¹⁶ Like many others in the public, Wagner quickly made the connection between a veteran’s insanity and his experiences in the war. Veterans themselves understood this connection all too well. As Pennsylvanian veteran James J. Creigh penned after the war, “[w]ith our own eyes, with our own ears, we have seen and heard something of the great conflict . . . Its reminiscences are interwoven with the lives of every one of us.”³¹⁷ John Haley of the 17th Maine reflected the same idea when he wrote, “my bruises are inward.”³¹⁸ Another veteran, Daniel G. Crotty of the 3rd Michigan Infantry, asked his fellow Northerners to demonstrate empathy and understanding towards struggling veterans. He wrote in his memoirs, “but let all good people deal lightly with a soldier’s faults, for they have been through the mill for the past four years.”³¹⁹ Historian Frances E. Clarke echoed this in her study of Union soldiers and homesickness. She found that as the war carried on, soldiers struggled mentally and emotionally being away from home and their loves ones. Initially, the military tried to drill the weakness out of them. When that failed, the public and soldier’s families stepped in. They demonstrated sympathy, understanding, and compassion towards men in the

³¹⁶ George Wagner Deposition, 17 April 1883, Soldier’s Certificate No 238602, Private Christian Potter, Company F, 5th Maryland Volunteer Infantry, Record Group 15, National Archives, Washington, D.C., quoted in Dillon J. Carroll, “Scourge of War: Mental Illness and Civil War Veterans,” PhD diss., (University of Georgia, 2016), 124, accessed on March 26, 2021, https://getd.libs.uga.edu/pdfs/carroll_dillon_j_201608_phd.pdf.

³¹⁷ Brian Matthew Jordan, *Marching Home: Union Veterans and Their Unending Civil War* (New York: Liveright Publishing Corporation, 2015), 73, quoted in Kathleen Anneliese Logothetis Thompson, “War on the Mind: Trauma and Coping among Union Soldiers and Veterans,” PhD diss., (West Virginia University, 2017), 159, accessed on March 28, 2021, <https://researchrepository.wvu.edu/cgi/viewcontent.cgi?article=8177&context=etd>.

³¹⁸ Jordon, *Marching Home*, 73, quoted in Thompson, “War on the Mind,” 159.

³¹⁹ Rev. J. L. Underwood, *The Women of the Confederacy* (New York: The Neale Publishing Company, 1906), 164.

field as opposed to forcing men to repress their feelings.³²⁰ The relationship between military service and mental illness was something the public increasingly accepted.

More important than language, however, was the goal of the public. Unlike medical professionals, the public who cared for these veterans often knew they could not cure. They did not possess the expertise or equipment to do so. Instead, they focused on coping. While healing was a welcome option, and some families took steps towards treatment, the majority accepted their situation and attempted to carry on with their lives as best as possible. Take the aforementioned John Anderson as an example: Everyday, his family would feed, wash, and dress him. His daily routine did not include dated procedures of curing, such as bloodletting, nor did it include new methods of healing, such as psychological therapy, which was an important component of moral treatment practiced in asylums. Family members did not have the medical training to perform therapy, but they did have preexisting bonds with the afflicted. In 1875, a surgeon wrote to a veteran's relative that "he [the veteran] has to be watched over by his family not from fear of danger but to avoid excitement and a consequent disturbance of the mind which is feeble and impaired."³²¹ Family, as this surgeon understood, was often soothing to a veteran's ailments. There was also a gendered element to emotional healing as well. English poet Henry Kirke White wrote a poem in which he urged men to find a wife who

³²⁰ Frances Clarke, "So Lonesome I Could Die: Nostalgia and Debates over Emotional Control in the Civil War North," *Journal of Social History* 41, no. 2 (Winter, 2007): 254, accessed on March 29, 2021, <https://www-jstor-org.lynx.lib.usm.edu/stable/pdf/25096479.pdf?refreqid=excelsior%3A7c5ec24e9c2c297242bec9ede819ffd6>.

³²¹ Pension application 228578 and certificate 181091, widow's pension application 719924 and certificate 496011. National Archives, Washington, D.C., quoted in Thompson, "War on the Mind," 160, <https://researchrepository.wvu.edu/cgi/viewcontent.cgi?article=8177&context=etd>.

would “nurse you when you are sick . . . mourn for you when you are dead.”³²² A resident of Satterlee General Hospital [Philadelphia, PA] wrote about one of the female nurses, whom he called “Wife.” After praising her devotion, he penned, “I have seen her denying herself all the luxuries, comforts, nay, almost necessities of life, to promote his pleasure and well-being: I have seen her beside his [another patient] couch in the hour of sickness, enduring fatigue with uncomplaining patience.”³²³ This was the case for veteran John Britton of Indiana. After the war, Britton demonstrated erratic behavior which sometimes resulted in violent outbreaks. To manage these outbursts, John’s wife Anna would take him on walks through the forest to distract and calm him.³²⁴ Anna, like thousands of other family members, did not rely on medical treatment in the hopes of curing the afflicted. They simply could not, given their lack of knowledge and medical equipment. Instead, they coped with trauma by relating it to previous military service.

Despite the family’s best efforts, caring for a mentally disturbed veteran at home was not always easy. The degree to which veterans displayed symptoms varied. Some could still function at the basic level. Others remained passive, but could not carry out daily tasks, such as John Anderson. However, in some unfortunate cases, the mentally ill lashed out in violence. Francis Cook of the 104th Illinois Infantry experienced heavy combat at the Battle of Chickamauga, Tennessee in September 1863. When he returned

³²² Henry Kirke White, “Home,” *Hospital Register* 2, no. 36 (April 30, 1864): 142, quoted in Ashley Elizabeth Bowen-Murphy, “All Broke Down: Negotiating the Meaning and Management of Civil War Trauma,” PhD diss., (Brown University, 2017), 2, accessed on March 28, 2021, <https://repository.library.brown.edu/studio/item/bdr:733280/PDF/>.

³²³ Ward A, “Wives,” *Hospital Register* 2, no. 23 (January 30, 1864): 90, quoted in Ashley Elizabeth Bowen-Murphy, “All Broke Down: Negotiating the Meaning and Management of Civil War Trauma,” PhD diss., (Brown University, 2017), 2, accessed on March 28, 2021, <https://repository.library.brown.edu/studio/item/bdr:733280/PDF/>.

³²⁴ Eric T. Dean Jr., *Shook Over Hell: Post-Traumatic Stress, Vietnam, and the Civil War* (Cambridge: Harvard University Press, 1997), 167.

home to Illinois in 1865, he had changed. Cook had become “irritable and vicious” and “would make threats of violence and act in a violent manner.” His family tried to care for him, and did so successfully until 1883 when he nearly choked his father to death.³²⁵ A veteran of the 128th New York Infantry would often become “violent and dangerous, threatening his family and destroying the furniture in the house and is always denouncing and threatening his neighbor.”³²⁶ Captain Frank Norr, in the post-war years, shot at this wife to show her what he “used to do to the Confederate soldiers.”³²⁷

In other cases, violence was not the issue, but rather the exhausting and unending chore of caring for the mentally ill. The wife of Union veteran James Farr said “my life is one of constant watchfulness and care over him day and night, never leaving him or permitting him to go out of my site [sic] without being with him or having someone with him . . . We are constantly on the watch to vent any noise or exciting cause from troubling him.”³²⁸ The insane often required constant attention and supervision. Despite these difficulties, many families did their best for veterans suffering from mental trauma. They attempted to overcome the hardships involved in caring for the afflicted, or at least find a way to cope just as the veterans did.

The Civil War changed the United States in many ways. Unfortunately for thousands of mentally ill veterans, it did little to advance medical understanding of

³²⁵ John E. Cook Deposition, 2 May 1899, Soldiers Certificate No. 438284, Private Frances Cook, Company B, 104th Illinois Volunteer Infantry, Record Group 15, National Archives Building, Washington, D.C., quoted in Carroll, “Scourge of War,” 126, https://getd.libs.uga.edu/pdfs/carroll_dillon_j_201608_phd.pdf.

³²⁶ New York State Archives. New York Office of Mental Health, Utica State Hospital Patient Case Files, 1843-1898 (14231-96), vol. 78, entry 45m quoted in Thompson, “War on the Mind,” 159, <https://researchrepository.wvu.edu/cgi/viewcontent.cgi?article=8177&context=etd>.

³²⁷ Dean Jr, *Shook Over Hell*, 166.

³²⁸ Dean Jr, *Shook Over Hell*, 137.

psychological disorders from trauma. Despite great efforts to reform mental health, treatment methods changed little between the pre- and post-war period. The concept of moral treatment continued to dominate asylums, despite the growing number of insane individuals coming out of the war. Even in the midst of an overwhelming number of patients who overcrowded institutions, medical professionals fixated on curability through moral treatment. The majority of the nation's mentally ill received treatment not at asylums with professional care, but rather at home from friends, family, and the community around them. While the public believed that insanity and mental illness stemmed from moral weakness before the war, that view began to change after the war. Although the concept of moral insanity did not totally disappear, many in the public began to understand the connection between military service and mental trauma. Families went to great lengths to care for mentally ill veterans and assisted in their ability to cope. Insane soldiers could go their whole lives without being admitted into an asylum. Instead, they would remain in the care of their family, friends, or community for the rest of their lives. At times, a veteran's mental illness proved to be overwhelming for families, either for reasons related to violence or exhausting care. Still, most provided the care that they could for as long as possible. In the end, the public's perception of mental illness adapted and families were able to make the connection between insanity and a veterans' military service, as opposed to the previously accepted lack of morality.

CHAPTER V – CONCLUSION

The American Civil War took a heavy, mental toll on thousands of soldiers. Modern medical professionals would recognize this today as Post-Traumatic Stress Disorder. During the Civil War, such a diagnosis did not exist. Yet, as this thesis has argued, there is ample evidence to prove that veterans in this conflict suffered from mental trauma. This study examined mental illness as it was related to combat through three lenses.

The first, in chapter two, analyzed the accessibility of asylums for different classes. In the North, where a poor, middling, and upper class existed, institutions denied entry based on wealth much less frequently in the post-war years. This was largely due to the works of Dorothea Dix and other mental health advocates, who pushed for more state and federal-run asylums to open across the country. The new public institutions, unlike earlier private ones, began to accept more patients regardless of their class status. Through the illustrative cases of Flaherty, Holmes, and Gleason, this chapter argued that that to new state and federally run asylums class differences mattered less than they did to private institutions. Although each came from a different background and social class, they were all accepted into the same state asylum, suffering from mental illness connected to their military service.

Chapter three analyzed African American experiences with mental trauma. When African Americans answered the Union call to arms in late-1862 and early-1863, they volunteered in large numbers. They participated in several large-scale campaigns and suffered in battle. As a result, many suffered the mental repercussions of combat, just like their white counterparts, but African Americans faced a duality of trauma. This chapter

argued that although African-American men experienced mental trauma from combat similarly to their white counterparts, the experience of slavery, intense racism and discrimination, as well as the threat of execution upon surrender, added another layer to the trauma they underwent. Secondary literature has strongly connected psychological trauma to racism and the institution of slavery. African American Civil War veterans were subject to discrimination and segregation in both the North and South, and the threat of racial violence against them was potent.

The fourth and final chapter explored the public's perception of returning veterans and their psychological suffering. Medical professionals' understanding and treatment methods of mental illness before and after the war changed little. They fixated on the concept of moral treatment despite an increased number of insane patients coming out of the Civil War. However, the majority of the nation's mentally ill were not treated at asylums with professional care, but rather at home from friends, family, and the community around them. This chapter argued that before the war, both the public and professionals focused on moral insanity. While this idea never fully dissipated in the post-war years, many in the public began to shift their perception of mental illness away from moral corruption, and instead related insanity to the trauma of a veteran's military service. Families tried to empathize with traumatized veterans and began to defend the mentally ill in public and private ways. And unlike asylums which tried to cure insanity, families often focused on coping rather than healing psychological damage, largely due to their lack of knowledge on medical procedures.

The narrow focus of this study allows for further research in this field. Although this thesis has focused on the Northern experience regarding mental trauma and combat,

other groups were affected. For instance, the South fielded massive armies and saw a number of its soldiers succumb to mental illness. Women on both sides were left to deal with wartime trauma in the post-war years. Immigrants made up a large percentage of both the Union and Confederate armies and experienced the psychological effects of battle, but some lacked access to familial care. Other members of the military, such as cavalry, naval units, and support roles were affected by the war in different ways than the infantry. Each of these groups would contribute to the overall understanding of the Civil War and its relation to mental trauma.

Each of the three lenses in this study deepens the understanding of combat-related mental illness and the deep impact of the American Civil War. Individuals from all classes, races, and regions experienced mental trauma through their wartime experiences. By examining how these individuals, their families, and their communities reacted to and perceived mental illness further advances the meaning and impact of the war, as well as the more general understanding of the relationship between combat trauma and mental illness.

APPENDIX A - DSM-5: DIAGNOSTIC CRITERIA FOR PTSD

The DSM-5 included a category for “Trauma and Stressor Related Disorders.”

The modern diagnosis of PTSD contained eight criteria (A-H). These include stressors and symptoms related to a traumatic event and cover emotional and physical responses.³²⁹

American Psychiatric Association, 2013

A. Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:

1. Directly experiencing the traumatic event(s).
2. Witnessing, in person, the event(s) as it occurred to others.
3. Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.
4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse).

Note: Criterion A4 does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related.

B. Presence of one (or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred:

³²⁹ American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition: DSM-5* (Arlington, VA: American Psychiatric Publishing, 2013), 271-272.

1. Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s).

Note: In children older than 6 years, repetitive play may occur in which themes or aspects of the traumatic event(s) are expressed.

2. Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s). **Note:** In children, there may be frightening dreams without recognizable content.
3. Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.)

Note: In children, trauma-specific reenactment may occur in play.

4. Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).
5. Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

C. Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one or both of the following:

1. Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

2. Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

D. Negative alterations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:

1. Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia, and not to other factors such as head injury, alcohol, or drugs).
2. Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., “I am bad,” “No one can be trusted,” “The world is completely dangerous,” “My whole nervous system is permanently ruined”).
3. Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others.
4. Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).
5. Markedly diminished interest or participation in significant activities.
6. Feelings of detachment or estrangement from others.
7. Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).

- E. Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:
1. Irritable behavior and angry outbursts (with little or no provocation), typically expressed as verbal or physical aggression toward people or objects.
 2. Reckless or self-destructive behavior.
 3. Hypervigilance.
 4. Exaggerated startle response.
 5. Problems with concentration.
 6. Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).
- F. Duration of the disturbance (Criteria B, C, D and E) is more than 1 month.
- G. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- H. The disturbance is not attributable to the physiological effects of a substance (e.g., medication, alcohol) or another medical condition.

Specify whether:

With dissociative symptoms: The individual's symptoms meet the criteria for posttraumatic stress disorder, and in addition, in response to the stressor, the individual experiences persistent or recurrent symptoms of either of the following:

1. **Depersonalization:** Persistent or recurrent experiences of feeling detached from, and as if one were an outside observer of, one's mental processes or body (e.g.,

feeling as though one were in a dream; feeling a sense of unreality of self or body or of time moving slowly).

2. **Derealization:** Persistent or recurrent experiences of unreality of surroundings (e.g., the world around the individual is experienced as unreal, dreamlike, distant, or distorted). **Note:** To use this subtype, the dissociative symptoms must not be attributable to the physiological effects of a substance (e.g., blackouts, behavior during alcohol intoxication) or another medical condition (e.g., complex partial seizures).

Specify whether:

With delayed expression: If the full diagnostic criteria are not met until at least 6 months after the event (although the onset and expression of some symptoms may be immediate).

APPENDIX B – DSM-5: DIAGNOSTIC CRITERIA FOR ACUTE STRESS DISORDER

The DSM-5 included a category for “Trauma and Stressor Related Disorders.” The modern diagnosis of acute stress disorder contained eight criteria (A-H). These include stressors and symptoms related to a traumatic event and cover emotional and physical responses.³³⁰

American Psychiatric Association, 2013

- A. Exposure to actual or threatened death, serious injury, or sexual violation in one (or more) of the following ways:
1. Directly experiencing the traumatic event(s).
 2. Witnessing, in person, the event(s) as it occurred to others.
 3. Learning that the event(s) occurred to a close family member or close friend. Note: In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.
 4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains, police officers repeatedly exposed to details of child abuse).

Note: This does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related.

³³⁰ American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition: DSM-5* (Arlington, VA: American Psychiatric Publishing, 2013), 280-281.

- B. Presence of nine (or more) of the following symptoms from any of the five categories of intrusion, negative mood, dissociation, avoidance, and arousal, beginning or worsening after the traumatic event(s) occurred:

Intrusion Symptoms:

1. Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s). Note: In children, repetitive play may occur in which themes or aspects of the traumatic event(s) are expressed.
2. Recurrent distressing dreams in which the content and/or affect of the dream are related to the event(s). Note: In children, there may be frightening dreams without recognizable content.
3. Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.)
4. **Note:** In children, trauma-specific reenactment may occur in play.
5. Intense or prolonged psychological distress or marked physiological reactions in response to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

Negative Mood:

6. Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).
6. An altered sense of the reality of one's surroundings or oneself (e.g., seeing oneself from another's perspective, being in a daze, time slowing).

7. Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs).

Avoidance Symptoms:

8. Efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).
9. Efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

Arousal Symptoms:

10. Sleep disturbance (e.g., difficulty falling or staying asleep, restless sleep).
 11. Irritable behavior and angry outbursts (with little or no provocation), typically expressed as verbal or physical aggression toward people or objects.
 12. Hypervigilance.
 13. Problems with concentration.
 14. Exaggerated startle response.
- C. Duration of the disturbance (symptoms in Criterion B) is 3 days to 1 month after trauma exposure.

Note: Symptoms typically begin immediately after the trauma, but persistence for at least 3 days and up to a month is needed to meet disorder criteria.

- D. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

- E. The disturbance is not attributable to the physiological effects of a substance (e.g., medication or alcohol) or another medical condition (e.g., mild traumatic brain injury) and is not better explained by brief psychotic disorder.

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