“You Mean Something Absolutely Vital to Me”: An Insight into the Lived Experiences of Female Companions to Hysterics in England in the Nineteenth and Twentieth Centuries

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A senior thesis, submitted to the History Department of Brandeis University, in partial fulfillment of the Bachelor of Arts degree.
Dedicated to the extraordinary women whose stories I got to tell - Anne Lister, Ann Walker, Katharine Loring, Alice James, Vita Sackville-West, and Virginia Woolf – as well as the women in my life.
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Preface: Introduction

The frequency of hysteria is no less remarkable than the multiformity of the shapes which it puts on. Few of the maladies of miserable mortality are not imitated by it. Whatever part of the body it attacks, it will create the proper symptom of that part. - Thomas Sydenham (1824-89).1

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Physician Thomas Sydenham’s description brings to light the challenges doctors faced in their attempt to grasp what the disease of hysteria was in England: the “multiformity” and “imitation” meant difficulty in both controlling and concisely defining the disease. Because of this, the medical discourse in England - particularly in the nineteenth and twentieth centuries - shaped the lives of many, both those who were diagnosed as hysterical and the loved ones who took care of them. Within this discourse, however, the stories of those not in heteronormative relationships are often left out of the greater history. To address this gap, in the following chapters I will explore the experiences of females living in England during the nineteenth and twentieth centuries who took care of a woman diagnosed with either hysteria or neurasthenia, focusing on the interaction between the diagnosis and their relationship.2 The lives of three sets of companions – Anne Lister and Ann Walker, Katharine Loring and Alice James, and Vita Sackville-West and Virginia Woolf – allow for a more complete

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1 Ilza Veith, Hysteria: The History of a Disease. (Chicago, 1965), 141.
understanding of the day-to-day reality for female companions as they grappled with the costs of hysteria.

By focusing on these three companionships, my work aims to bring into conversation literature on gender roles, hysteria, and sexuality. I chose these companionships both because of their similar locality - all lived in England either in the nineteenth or twentieth century - as well as the extensive writing of at least one half of the companionship that was composed while they were alive. Thus, in reading the journals and letters of Anne Lister/Ann Walker, Katharine Loring/Alice James, and Vita Sackville-West/Virginia Woolf, I introduce a new conversation about the experiences of female companions in the age of hysteria.

The caretakers of afflicted individuals - Lister, Loring, and Sackville-West - highlight the journeys of female companions in three distinct ways. First is through the merging of traditional gender roles - a connection between femininity and masculinity - that let them take on a plurality of roles as the primary caretaker of a hysterical. The second is the way in which their companionships shed light on the ways in which medical discourse was embedded into everyday society, shaping the reactions of family members and the women themselves to the hysterical. Third is through the way these women sought to use travel and separation in a push to cure their loved one’s hysteria.

**An Explanation of Terms:**

In this work, I elected to use the phrases “lived experience” and “companion” when speaking about the relationships of Anne Lister/Ann Walker, Katharine Loring/Alice James, and Vita Sackville-West/Virginia Woolf. The
reason why I chose the phrase “lived experience” is because it not only allows for insight into the daily life of the women, but the emotional impact that came with caring for a hysteric. These relationships affected the women physically and psychologically, changing how they interacted with the world as they sought to curb the hysteria within their lover. This included an extensive use of travel to “cure” their loved ones, a toll that isolated the companions.

Regarding “companion”, I found that this term better encompassed the complexity of their distinct situation during this time in England than if I simply called it a romantic relationship between women. The women were not only connected in an emotional and sexual sense, but they also became a pseudo-nurse when taking on duties to care for their loved one. Second, to call them “lesbians” takes away the agency of the women who did not identify as such. It also does not capture the extent of these companionships, which were more than a physical attraction to the same sex. Finally, the neutrality of the word “companion” speaks to the androgynous traits of Anne Lister, Katharine Loring, and Vita Sackville-West. All three of these women chose not to live strictly bound by traditional gender roles. Thus, if I were to do this by selecting a more masculine or feminine role, I would be ignoring the androgynous lifestyle the women chose for themselves. Ultimately, I believe “companion” is the word that best captures the range of roles played within these relationships.

**Gender Roles in England in the Nineteenth and Twentieth Centuries:**

The reality female companions encountered cannot be understood without a study of traditional gender roles. All these women lived during a period when
gender roles encouraged heteronormative lifestyles where women took on a passive role. An examination of these traditional roles is important for realizing how the female companion’s embracement of both masculine and feminine roles created a distinct responsibility among those who cared for hysterics in the nineteenth and twentieth centuries. In nineteenth-century England, there were separate expectations of men and women regarding their functionality in society. Men were thought of as physically superior and better suited for the workforce, while women were supposed to stay at home and tend to the domestic sphere and the children.³

These ideas were widely reinforced in a variety of publications at the time. A “Woman’s Rights Card” of the nineteenth-century noted rights such as the ability to “be a comforter/when other comforts fail” and “to shelter the oppressed/and gently chide each fear.”⁴ This exemplifies the presumption that women offered the emotional support in a relationship, something female companions would also provide. Likewise, John Ruskin’s “Of Queen’s Gardens” lecture laid out the duties of man and woman:

The man’s power is active, progressive, defensive. He is eminently the doer, the creator, the discoverer, the defender. His intellect is for speculation and invention...but the woman’s power is for rule, not for battle, - and her intellect is not for invention or creation, but for sweet ordering, arrangement, and decision.⁵

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⁴ The British Library, “Gender Roles in the 19th Century.”
Ruskin lets us investigate the nineteenth-century expectations of men and women in England. The man is given action words in association with himself: “doer,” “creator” and “discoverer” connotate a sense of movement and activity that is a constant force. On the other hand, the woman, in her “sweet ordering” and “arrangement” becomes a passive actor that is not as forceful as the man. It insinuates that the woman will be able to take time and have her actions be understood in the long run, whereas the man must act quickly and ruthlessly.

The added note of woman’s power “for rule, not for battle” connects to the idea from the rights card of the domesticity of women. Her role in England at this time was not one outside in the labor force, but inside with the children, ensuring a stable home for the men when they returned from their “battles.” Part of the reasoning for the separate spheres of men and women was due to the influence of the Industrial Revolution. The establishment of factories in England meant more and more businesses became detached from the house, which created a new societal and economic norm that reinforced the role of the woman to be one that stayed at home. In turn, this enforced a rather strict sense of what women could and could not do. Their role in society - and attitudes about gender - became dependent on the notion of domesticity and the service of women in that space. The home stood as the “proper sphere,” an acceptable place because that is where domesticity happened.

The belief that women would remain in the domestic sphere shifted only slightly by the early twentieth century when Virginia Woolf and Vita Sackville-

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West were alive. While World War I afforded women the opportunity to obtain jobs outside of the domestic sphere, the interwar period saw a return to the gender ideologies of the nineteenth century. In particular, there was an insistence on the importance of motherhood, as well as an ideology that men were the ones who defended women. What this in turn meant was that traditional gender roles catered once again to the physicality of men and the domesticity of women. This created an internalization of gender roles that portrayed women as submissive and unable to control matters of importance. It also meant that women were not supposed to protect others or themselves.

Despite these heavily gendered spheres and tropes, the relationships I study provide a new insight into how companions transgressed gender roles. Because their loved ones were hysteric, they were required to protect and care for the lover, a blending of masculine and feminine roles. The hysteric could not attain any semblance of “normalcy” if the healthy companion stayed within the domestic sphere. Instead, the companion had to create a new space for herself that allowed an embodiment of all gender roles rather than just that of a traditional woman.

An ideology about dress also accompanied tropes of gender roles in the nineteenth and twentieth centuries. In both centuries, an emphasis on the appearance of women - and the threat of androgynous clothing - emerged in society. As “Gender and War in the Twentieth Century” (1997) by Penny

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8 An example of this can be seen with Anne Lister. When she wore her clothing that was more masculine in appearance, she oftentimes was mistaken for a man and the society of Halifax would
Summerfield acknowledged, women who dressed as men sent signals, some of which included their claim to be an equal, while others were the societal fear that “she would develop manly characteristics and male patterns of behaviour: drinking, swearing, spending her earnings, and making sexual advances.” In other words, society accepted that a woman should not be in charge of her money or her desires, attributes of all three of the companions who I will explore later.

An understanding of traditional society in the nineteenth and twentieth centuries leads to a deeper discernment of the role of women in relation to men. The expectation is that women should avoid anything that would infringe upon the male-dominated society. This “fear” of obtaining masculine attributes by the mere action of wearing androgynous clothing reflects a greater fear of what it meant for women to act outside of traditional gender roles. That women should have a glimpse of independence - whether through spending money or having a say in their sexual adventures - was seen as an attempt to gain liberation and freedom from gender norms. And, as we shall see with Anne Lister, Katharine Loring, and Vita Sackville-West, all three of these women - as female companions - would adapt male attributes that threatened tradition.

In summary, the gender roles of nineteenth and early-twentieth century England warrant an examination into the demands placed upon women, as well as

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9 Summerfield, “Gender and War in the Twentieth Century,” 7.
10 This, in turn, would play a large role in the ways in which the women dealt with their lived experiences as companions. The use of masculine and feminine attributes helped them to take care of the hysterics, but it also left them having to struggle against societal and familial pushback to their relationships.
the ways in which some women navigated both sets of gender roles in their day-
to-day life. Through perceiving the load on women to take care of domestic issues
and be docile, I will be able to expand upon how the lived experiences of Lister,
Loring, and Sackville-West comprised of an even greater burden. This strain was
a result of juggling the demands of a woman while also taking part in a
companionship that required them to embrace masculine traits: whether that be
through their clothing or physical exertion, these women prove that, while there
may have been traditional gender roles in England during the nineteenth and
twentieth centuries, that did not mean that every woman acted that way in society.
Indeed, for female companions to be successful in their care of a hysterics lover,
they needed to transcend boundaries and blur the lines of masculinity and
femininity. The companionships of Anne Lister/Ann Walker, Katharine
Loring/Alice James, and Vita Sackville-West/Virginia Woolf allow us to see one
space in which this duality of roles occurred.

A History of Hysteria in England:

Physicians, scientists, and historians have long documented the existence
of hysteria in the past 4,000 years. From the 1600s to the 1900s, England had no
clear definition of hysteria, but a theme emerged among treatises of the link
between hysteria, femininity, and women. Specifically, doctors discussed ideas
surrounding the mood swings and sexual desires of hysterics in their publications.

In the late seventeenth-century in England, physician Thomas Sydenham
(1624-1689) wrote Epistolary Dissertation (1681): a foundational work that would
shape the scholarly work to come in the ensuing years, Sydenham claimed
hysteria was the most common disease after fever.\textsuperscript{11} Among the symptoms he discussed were patients suffering from an “incurable desire” and that they felt that they had to take on “all the evil that befalls mankind.”\textsuperscript{12} Sydenham also noted that hysterical patients were prone to anger, jealousy, and suspicion alongside feelings of joy, hope, and cheerfulness.\textsuperscript{13} The hysteric patient, according to Sydenham, was incurable.

Sydenham’s definition transformed how hysterical patients were treated and viewed in England from the seventeenth century onwards. The belief of no cure engendered a refusal of in-depth care as hysterics were deemed “unsavable.” Alongside that, mood swings led family members to resent the hysterics whom they cared for: the irregular timing of the changes in behavior meant knowing the triggers of emotions was impossible. The lack of a clear diagnosis and the range of symptoms point to the challenges in caring for a hysteric as well, the fear that came from a lack of knowledge. These worries among family members and the larger society become evident within the companionships that I will explore in subsequent chapters.

Sydenham’s original definition continued to affect medical practitioners in subsequent centuries. Physician Baker Brown, a member of the Obstetrical Society of London, spent a large part of his medical career seeking to cure hysteria through clitoridectomies – the removal of the clitoris.\textsuperscript{14} In his publication, \textit{On the Curability of Certain Forms of Insanity, Epilepsy, Catalepsy, and Hysteria}

\begin{itemize}
\item \textsuperscript{11} Veith, \textit{Hysteria: The History of a Disease}, 140.
\item \textsuperscript{12} Veith, \textit{Hysteria: The History of a Disease}, 142.
\item \textsuperscript{13} Veith, \textit{Hysteria: The History of a Disease}, 142.
\item \textsuperscript{14} Showalter, \textit{The Female Malady: Women, Madness and English Culture, 1830–1980}, 75.
\end{itemize}
in Females (1866), Baker wrote about his own analysis of the symptoms of 
hysteria: “the patient becomes restless and excited, or melancholy and retiring; 
listless and indifferent to the social influences of domestic life.”15 Like 
Sydenham, Baker agreed that a key sign of hysteria was the appearance of mood 
swings among patients. Brown, however, goes further in his definition than 
Sydenham by connecting the disease to women. Brown only wrote about female 
patients, which in turn tied hysteria to the women in society. Indeed, the title of 
the book reflects Brown’s attempt to associate hysteria and its symptoms with 
females. This contributes to the development theme of correlating femininity with 
a weaker mental mindset within the context of the English medical society by the 
nineteenth century.

Physician Robert Brudenell Carter’s publication, On the Pathology and 
Treatment of Hysteria (1853), also explored the causes of hysteria and sought to 
cast it as a female illness. Among the themes within his writing was an idea that, 
since women were more prone to emotions, they were more likely to be given a 
diagnosis of hysteria.16 Perhaps most significant, Carter was one of the first 
English physicians to place an emphasis on sexual passion as a symptom of 
hysteria. Carter believed that the most violent feeling was that of the sexual 
passion, nothing that “women of strong passions, who are separated from their 
husbands, either permanently or for a time, are especially liable to hysterical 
attacks.”17 So, by the nineteenth century - when women such as Anne Lister and

15 Baker Brown, On the Curability of Certain Forms of Insanity, Epilepsy, Catalepsy, and Hysteria 
in Females, (London, 1866), 14.
17 Brudenell Carter, On the Pathology and Treatment of Hysteria, 31-36.
Ann Walker were alive - doctors were pushing an explanation of sexuality being a cause for hysteria: since women were unable to handle their passions, they were more likely to be consumed by the disease than their male counterparts.

The idea of hysteria being linked to sexuality - especially sexual passions in women - materialized as a common thread in subsequent medical treatises. In his essay for the Dictionary of Psychological Medicine (1892), Horatio Bryan Donkin pointed to the “sexual inhibition and enforced passivity of girls”: when writing about his patient, Olive Schreiner, he noted that her breakdowns were caused by her “efforts to stifle and deny her sexual desires.”18 Like Carter, Donkin linked sexuality to the diagnosis of hysteria among women, which supported a furtherance of the argument that women, “dangerous sexuality,” and hysteria were linked together. Thus, while exact definitions of symptoms have changed, English physicians consistently came back to this idea of a connection between femininity, sexuality, and hysteria in their publications.

What cannot be ignored here, however, is the uncertainty among doctors about whether sexual passion or an absence of sex caused hysteria. It grants an understanding that, when it came to the sexual activity of women in England, there seemed to be no “just right” amount of sex if the woman was initiating or denying sex. This speaks to a larger societal view of the control women could have over their lives during the nineteenth and twentieth centuries: the decision was not theirs, but that of their husbands, or, if they were not married, their parents.

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The gender roles of society in the nineteenth and twentieth centuries suggest that women could not have a say in matters such as sexual activity or independence unless they wanted to risk a diagnosis of hysteria. The companionships I examine, however, provide a contrast to this narrative. The transgressive nature of their relationships meant that, for the healthy companion, they did have control when determining their own engagement with sexual desires and initiating intimacy with women. At the same time, the lack of clarity on symptoms meant that female companions had to ascertain regularly whether their sexual engagement triggered hysteria: oftentimes, this was done without any support. The analysis I provide in subsequent chapters explores this aspect of the companionships that was not discussed in the medical discourse of the time.

While the initial discussion of hysteria by English physicians focused on the female and her symptoms - the mood swings and sexual desires being at the forefront - historians have largely relied on the texts from the nineteenth century to reshape the conversation about hysteria. One of the first historians to do this work was Ilza Veith, whose 1965 book, *Hysteria: The History of a Disease*, provided an overview of hysteria that looked at the causes and definitions from a broader lens of physician’s texts.\(^{19}\)

Subsequent publications contributed to Veith’s accounts of hysteria by adding in more nuanced interpretations, as well as the inclusion of voices that were not only those of the doctors. Elaine Showalter was one of the first to do so in her 1987 book *The Female Malady: Women, Madness and English Culture*.\(^{19}\)

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\(^{19}\) Veith, *Hysteria: The History of a Disease*, vii.
One of the themes that Showalter investigated was the confinement of women within the history of psychiatry. Showalter explored how the definitions of hysteria by male doctors and scientists have, throughout time, connected madness specifically to women: consequently, madness – and hysteria – became a feminine phenomenon.\textsuperscript{20} The exploration of hysteria as a “woman’s disease” matters in that it provides the framework for grasping the society female companions lived in. The culture was one where they had to push back against men in society who believed they knew what was best for the hysteria. As I will demonstrate, it was the female companion, not the physician, who really knew how to handle the hysteria best, and who constantly contended with ingrained assumptions about hysteria and its causes in society.

Another theme that Showalter brought to light was the lack of representation of patient perspectives in the history of hysteria. Showalter said that: “in order to supply the gender analysis and feminist critique missing from the history of madness, we must turn to a wholly different set of cultural sources: inmate narratives, diaries, women’s memoirs, and novels.”\textsuperscript{21} In acknowledging the past failures of historians, Showalter represents a changing shift in the narrative of hysteria. Unlike Veith, who relied on the writings of physicians, Showalter began to explore hysteria through the lens of the patient. She researched how everyday people interacted and dealt with the disease in English society. This, in turn, allowed for a more nuanced look at hysteria, as well as providing a social and cultural history of the disease.

Showalter’s work to place hysteria within a social and cultural history continued in later years. One example of this is Andrew Scull and his book, *Hysteria: The Disturbing History* (2011). Much like Showalter, Scull uses personal narratives to observe the definitions and experiences of hysteria throughout history. This includes an attempt to make the definitions of physicians from centuries ago more accessible to modern-day audiences. When discussing Baker Brown, Scull writes that: “…the source of [Brown’s] patients’ hysteria and nervous complaints must surely lie in a pernicious and all-but-unmentionable habit, ‘peripheral excitement of the pudic nerve’ - or, to put it bluntly, female masturbation.\(^{22}\) In this examination of Brown’s writing, Scull explores the themes that have consistently arisen in historical publications of hysteria while using twenty-first century rhetoric. In doing this, Scull demonstrates the ways in which hysteria, through its definitions, ties itself to the female and her sexual desires, revealing how interwoven concepts of femininity and sexuality are when it comes to analyzing the history of hysteria.

While definitions by physicians may prove otherwise, a common trend in historical writing is to push back against the idea that only females were hysteric. Veith, Showalter, and Scull all ventured to contrast this idea by providing examples of male hysteria. Showalter and Scull both explored “shellshock” and the effects of World War I, which created a link between hysteria and men that counteracts the narrative that only females could have hysteria.\(^{23}\) This, in turn, can lead to a further exploration of what it took for hysteria to go from a female-
centric illness to one that included men. It also warrants a deeper analysis of who decided the definition of the illness.

Within the historical exploration of hysteria, however, there are still themes that remain unexplored. One of these themes is the connection between hysteria and female companionships. In some cases, as I will show with Anne Lister/Ann Walker and Vita Sackville-West/Virginia Woolf, the companionship was one that included sexual intimacy. And while many of the symptoms that physicians noted when they described hysteria centered around sexual desire, the symptoms were within a heteronormative framework. Few publications explored the ways in which women who had sex with women grappled with hysteria, as well as if their relationships led to one - or both - partners being diagnosed with hysteria or another mental illness. Although there are clear links between ideas of “normalcy,” hysteria, and homosexual relations, scholars have not yet begun to investigate these stories. To this end, I will extend the work of scholars like Showalter who have sought to include more voices to the narrative of hysteria by exploring female companionships. I will not only explore homosexual relations in the era of hysteria, but also the struggles of women previously ignored by medical discourse because of their non-heteronormative relationships. In telling the stories of Anne Lister, Katharine Loring, and Vita Sackville-West, I give a voice to their lives, their trials and tribulations as female companions to hysterics.

The history of hysteria in England is also an exploration of the ways in which traditional gender stereotypes played out within the context of a medical society. Although the definition of hysteria changed through the years, the ideas
of mood swings, sexual desire, and a feminine nature have continued to be at the forefront of definitions. Historians have contested these themes by exploring the voices that had been left out by the medical definitions, such as men. Within these conversations, however, there remains room to explore how those in non-heteronormative relationships faced hysteria. For female companions, this was through the adaption of discourse, the embodiment of a plurality of roles, and the courage to remain with their loved ones until death.

Each companionship I explore brings a distinct part to the narrative of the lived experience of female companions in England in the nineteenth and twentieth centuries. In Chapter 1, I will examine the lives of Anne Lister and Ann Walker, who were companions from 1832-1840. One aspect of Lister’s life I will explore is her internalization of the medical discourse surrounding hysteria. Out of all the companionships I researched, Anne and Ann also had the longest-lasting sexual relationship, which affected Lister’s role as a caregiver. In Chapter 2, I will move to the end of the nineteenth century with the companionship of Katharine Loring and Alice James. Katharine’s life is distinct in the travel she underwent from America to London, as well as the additional roles she took on as Alice became bedridden. Finally, in Chapter 3, I will look at hysteria in the twentieth century through the relationship of Vita Sackville-West and Virginia Woolf. Vita’s journey with Virginia adds another layer to the understanding of female companions and their internal fears that emerged with the uncertainty of the health of their lover. I will also expand upon how Vita’s engagement in affairs impacted Woolf. Through both the commonalities and distinctions between these
non-heteronormative companionships, I will demonstrate the necessity of having their unique histories included within the larger discussion of hysteria.
Chapter 1: Understanding and Challenging Medical Discourse: The Voyage of Anne Lister

“A-poorly - she is getting all wrong again in her spirits. I really fear for her intellect.” - Anne Lister, March 13, 1836.24

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For years, the journals of Anne Lister (1791-1840) have provided a first-hand account of life as a woman in nineteenth-century England. These journals, which total over twenty complete books, are comprised of writings about everyday life in Halifax, with Lister’s thoughts on things from church to the death of family members. The journals are unique in that Lister wrote a sixth of them in code: the code came up when she discussed the more intimate aspects of her life such as finances and personal relationships.25 Although her nephew John Lister began to decode the journals in 1887, Helena Whitbred’s 1988 publication, I Know My Own Heart, allowed for the beginning of in-depth scholarly engagement with the journals. The deciphering of the code uncovered Lister’s sexual and romantic relationships with other women in Halifax, which led some scholars to refer to her as the first modern lesbian in England.26 Among these relationships was that with Ann Walker, who was in a companionship with Lister at the end of her life. In this chapter I will explore the companionship of Anne

25 Throughout the chapter, I will be marking the coded text with italics. That is to ensure that I represent the privacy of Anne Lister’s journals, while also making the coded text accessible for readers. This also makes it easier to discern between what Lister considered more intimate and what she allowed anyone without the code to read.
Lister and Ann Walker through Lister’s letters and journal entries. By doing so, I will shed light on the lived experience of Anne Lister as a female companion to a hysterical loved one in nineteenth-century England.

Anne Lister lived much of her life in Halifax, England, at Shibden Hall with her aunt and uncle. With the death of her brother, Anne obtained the rights to Shibden Hall, turning the land into a small coal-mining business that she ran: her other enterprises included traveling Europe and being involved in relationships with women such as Marianna Lawton and Isabella Norcliffe.27

Upon her death in 1840, Anne left behind not only Shibden Hall, but companion Ann Walker (1803-1854). Daughter of John Walker and Mary Edwards, Ann grew up as the neighbor of the Lister’s at Crow Nest, a middle-class home in Halifax.28 Anne and Ann’s initial meeting occurred before their companionship started in 1832-33, as they would visit one another at their houses: Anne even helped Ann and her family when their carriage overturned.29

The mental health of Walker played a large role in their companionship. While there is no known date for when Walker’s hysteria began, a possible start was in the 1820s - around the age of nineteen - with the death of both parents.30 The diagnosis of hysteria, however, was not confirmed by doctors until after her companionship with Lister began. Dr Belcombe, a family friend of Lister, made the initial diagnosis and Lister recorded the conversation in her journal: “Nothing the matter with her but nervousness. If all her fortune could fly away, and she had

28 Liddington, Female Fortune: Land, Gender and Authority, 31.
29 Liddington, Female Fortune: Land, Gender and Authority, 31.
30 Liddington, Female Fortune: Land, Gender and Authority, 33.
to work for her living, she would be well. A case of nervousness and hysteria.”31

A visit from another doctor, Sir Benjamin Collins Brodie, confirmed the prior diagnosis: “He ‘said the pain was merely nervous pain - had no doubt A- had been much worse - suffered much more from it some time ago - there was no disease...said she was just the sort of person for nervous pains but there was nothing to fear.”32

The diagnosis - and explanation - reflects the attitudes surrounding hysteria in medical spheres in nineteenth century England. Physician George Cheyne noted that “nervous diseases of all kinds” manifested in “...the unlucky province of the social elite: the urbane, the cultivated, the refined, the delicate,” while surgeon Frederic Skey wrote that “...it is most prevalent in the young female members of the higher and middle classes, of such as live a life of ease and luxury...”.33 As Ann herself lived a life of ease similar to the ones doctors saw in their hysterical patients, her diagnosis perhaps comes as no surprise.

In the past 30 years, scholars have written extensively on Anne Lister, focusing - when it comes to her relationships - on the one with Lawton.34 Other areas of scholarly focus include the androgynous appearance of Lister, which reiterates the first modern English lesbian argument.35 Historian Jill Liddington,

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31 Anne Choma, Gentleman Jack: The Real Anne Lister, (London, 2019), 150-51. Dr. Belcombe was the brother of Marianna Lawton, one of the first women that Lister had a long sexual relationship with (both before and during Lawton’s marriage).
32 Liddington, Female Fortune: Land, Gender and Authority, 186.
33 Scull, Hysteria: The Disturbing History, 48; F. C. Skey, Hysteria: Remote Causes of Disease in General, Treatment of Disease by Tonic Agency, Local or Surgical Forms of Hysteria, etc.: Six Lectures, Delivered to the Students of St. Bartholomew’s Hospital, 1866, (London: 1866).
34 One of the reasons for this was that more code from Anne’s journals in this time period have been deciphered.
35 Caroline Eisner focused on Anne’s embodiment of masculine traits in her relationship with Lawton (Caroline Eisner, “Shifting the Focus: Anne Lister as Pillar of Conservatism,” Auto/Biography Studies 17, no. 1 (2001), 28-42). Anna Clark looked at how Lister blurred
one of the foremost scholars on Lister’s life, focused more on Lister’s life from 1830 onwards, which included her companionship with Ann Walker. Liddington, however, stepped away from the framework of exploring Lister’s relationships with women and instead concentrated on her life as a businesswoman with the coal mine.

In doing so, the scholarly work ignores the impact of Ann Walker and her hysteria on Anne’s daily life: as the healthy female companion, Anne Lister navigated a variety of roles that placed an undue onus on her, which included isolation and an uncertain sexual relationship. She also needed to contend with fears from the Walker family - and her own self - as to whether she helped or harmed Ann’s hysteria. The internalization of fears and medical advice led Anne to challenge medical discourse and seek a “cure” herself through separation and travel. By exploring this part of Anne Lister’s life, one delves into the ordeal female companions ran into as they balanced care with action to attempt to cure their loved one’s hysteria in nineteenth-century England.

“’No Kiss’”

An examination of the writings of Anne Lister reveals the sexual and emotional hardships she dealt with as she took on multiple roles in her care of Ann Walker. It should be noted that the plurality of roles Anne embodied as the healthy companion was nothing new to her. As Chris Roulston discusses in his article “The Revolting Anne Lister: The U.K.’s First Modern Lesbian” (2013), Anne portrayed queer modernity by acting outside of conventional norms with her categories of masculinity and femininity in her clothing choices (Anna Clark, “Anne Lister’s Construction of Lesbian Identity,” Journal of the History of Sexuality, 7, no. 1 (1996), 23-50).
masculine style and establishment of a coal-mining business.\textsuperscript{36} Thus, the suggestion that Anne manifested masculine and feminine roles is not a strange concept. What is new is the exploration of the duality of roles within the context of her companionship with Ann Walker, which allows for a consideration of the complex reality of female companions in the nineteenth century.

The burden of handling multiple roles appeared foremost in Lister’s sexual relationship with Walker. In her journals, Lister provided detailed accounts of this aspect of the companionship, from remarks on who had an orgasm to how far Lister was able to go with Walker on a particular night.\textsuperscript{37} The remarks from Lister of a lack of sexual pleasure provide insight into the difficulty of taking care of a hysterical lover. In March of 1836, Lister made multiple entries about the lack of an orgasm, or “kiss.” One section from March 18 noted: “No kiss. A-low on waking, as she has been for the last week (vide the tenth instant) & given to tears and prayers...”\textsuperscript{38} The following day Lister wrote: “No kiss. A-low as yesterday...”\textsuperscript{39}

The entries provide an examination into how Anne navigated her sexual relations with a hysterical lover. The note of “no kiss” signals that Anne could not fulfill the sexual desires of Ann, while the “low” mood of Ann upon waking meant that Anne had to attempt to take care of a companion experiencing symptoms of hysteria. That Anne took the time to write about the failure of intimacy signals the frustration Anne exhibited regarding her inability to fulfill

\textsuperscript{37} These details would be denoted by a note about whether there was a “kiss” that night.
\textsuperscript{38} Liddington, \textit{Female Fortune: Land, Gender and Authority}, 214.
\textsuperscript{39} Liddington, \textit{Female Fortune: Land, Gender and Authority}, 215.
desires. It also reflects the uncertainty that came when one was in a companionship with a hysteric. For Anne Lister, this meant there would be some nights that ended in satisfaction and others that would leave Ann “low on waking.” This meant that Anne constantly had to juggle whether intimacy helped or harmed Ann and her hysteria.

In rereading the journals of Anne Lister, the history of hysteria develops into a more nuanced era. Hysteria should not be analyzed only through the medical treatises from doctors at the time in England, especially since homosexual relations were not acknowledged in the discourse on hysteria. Because of that, female companions never knew the full impact of their actions in nineteenth-century England. The healthy companion instead had to challenge discourse by continuing intimacy while also recording any change in mood of the hysteric. As this observation occurred during intimacy, the companion struggled by herself. Thus, being the healthy companion meant working to discern the causes of hysteria without any straightforward guidance from the medical society because of the distinct nature of their non-heteronormative relationship. When we explore the journals and letters from the companions intimately involved in the care of the hysterical patient, we provide a voice for female companions who tackled curing the hysteria in their loved ones.

Lister’s journal entries also provide insight into the ways in which female companions ultimately played both masculine and feminine roles in the companionship. In nineteenth-century England, some doctors recommended an
engagement in sex of a procreative nature to help “cure” the woman.\textsuperscript{40} The treatment would finish with a birth, which allowed the woman to take on a purposeful, maternal role. Lister, in a homosexual companionship, could not obtain procreative sex. To counteract this while venturing to use sex as a “cure,” Lister embodied the role of the “man” and the “woman.” As the man, Lister initiated intimacy with Walker; as the woman, she provided emotional support and comfort for Walker during intimacy. The taking on of a duality of roles reveals how Lister challenged medical discourse on hysteria. The acknowledgement that sex without procreative aims was not a cure forced Lister to take on emotional care in hopes that the combination of roles – being dominant in sexual acts and providing emotional support – would help Walker. This, in turn, placed an enormous toll on Lister when it came to sexual intimacy: she needed to consistently play both roles if she were to find a cure for Walker and her hysteria.

The reality Anne Lister faced as a female companion was not only in the bedroom. Anne’s writings of her life offer a glimpse into her other experiences as a companion taking care of Ann, which included an assimilation into that of a parental role. As a companion, Anne took on tasks which included encouraging Ann to get out of bed and eat.\textsuperscript{41} Once again, Anne took on a plurality of roles that

\textsuperscript{40} Baker Brown highlighted this when explaining the “cures” of women by addressing the fact that they were able to have children when, during their times of hysteria, they could not procreate (Brown, \textit{On the Curability of Certain Forms of Insanity, Epilepsy, Catalepsy, and Hysteria in Females}, 22-23).

\textsuperscript{41} Choma, \textit{Gentleman Jack: The Real Anne Lister}, 131. The account of Walker refusing to eat coincided with a symptom from doctors that anorexia was one a way in which hysteria manifested in the nineteenth century (Showalter, \textit{The Female Malady: Women, Madness and English Culture, 1830–1980}, 129).
was common among female companions. The tasks that Anne found herself dealing with were set within the domestic sphere, a traditional setting for females in nineteenth-century England. The physical job of waking Ann up and making sure she ate, however, suggests more of a parental role. Anne waited on Ann and ensured she did the daily things needed for a normal life, melding together both parental figures into one person, as she was the only one taking care of Ann at this point. Here, then, the onus becomes not only the manifestation of a multiplicity of roles but being all by oneself in caring for the hysteric, with no one else to share in the responsibility.

With the various roles Lister tackled to care for Walker, her journal entries began to hint at the emotional strain, the frustration that Walker and her hysteria had on Lister. At times, Lister wrote as if she wanted to be rid of the entire relationship, which included this entry from January 9, 1834: “I can make nothing of Miss W- and wish myself out of the scrape. I am sick of the whole thing and almost begin to think I shall never live much at Shibden.”

“Mak[ing] nothing” insinuates that, despite all her attempts to “cure” Walker, Anne Lister was unable to do just that, even as she embodied traditional masculine, feminine and parental attributes. The notion of “wish[ing] myself out of the scrape” reveals a passionate underlining to the actions of Lister. She saw the companionship - at this point - as nothing more than a nuisance, something she should not have gotten involved with in the first place.

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42 Liddington, Female Fortune: Land, Gender and Authority, 86.
The frankness with which Lister wrote about being unable to handle caring for Walker exposes an underlying emotional roller coaster that female companions encountered in the nineteenth century. Doctors at the time only wrote about the symptoms of hysterical patients - which included restlessness, melancholy feelings, and indifference to social influences - and if certain treatments worked.\textsuperscript{43} Conversations about what caretakers could do to handle the emotional toll that came with taking care of hysterical patients were not being held in the medical field, especially if the relationship was non-heteronormative. Lister personally struggled with this: she talked with family friend Dr Belcombe about Walker’s hysteria, but she could not talk about the extent of their relationship, especially the sexual intimacy. Thus, Lister could not get proper advice; instead, she had to determine on her own what worked, a responsibility that caused emotional distress. In examining Lister’s journals and writings, therefore, we can begin to comprehend how female companions handled a diagnosis of hysteria in their loved ones in their everyday life. In general, the diagnosis made it hard for loved ones to continue to stand by and take care of the patient with the lack of a cure in sight.

Why then did Anne Lister not abandon the companionship? Historian Jill Liddington suggests that the financial wealth of Ann Walker brought with it the promise of more land and economic prosperity for Lister if she continued with their relationship.\textsuperscript{44} While that may have been an underlying cause, the journals

\textsuperscript{43} Baker Brown, \textit{On the Curability of Certain Forms of Insanity, Epilepsy, Catalepsy, and Hysteria in Females.}

\textsuperscript{44} This becomes clear when Liddington wrote of Anne changing both her will and Ann’s to ensure the transfer of land if Walker were to die before her.
indicate that this was not the sole reason. When discussing the moods of Walker, Lister noted that “It is evident I do her more good and have far more influence than anyone...”\(^{45}\) The off-handed comment here in the journal expands upon a deeper emotional understanding of what this relationship meant for Walker and her health. Yes, the job of taking care of Walker exasperated Lister and brought up feelings of wanting to walk away from it all. But underneath that disgust, Lister comprehended that, overall, she was good for Walker and the treatment of her hysteria. Even when Walker was feeling poorly and low, the impact of being in a female companionship with Lister made her feel better. Because of this, Lister took on a role where she becomes a controlling, but constant, figure in the life of Walker.

Once again, as with the stifled sexual desire, the writings of Anne Lister provide a firsthand account of the everyday lived experiences and the onus healthy female companions dealt with. In Anne’s example, she had to deal with a lack of sexual desire alongside a lack of knowledge on the proper treatment for Ann Walker’s hysteria. Histories of hysteria oftentimes do not evaluate how companions felt, especially if the companion was a woman who had to manifest both masculine and feminine roles. The story of Anne Lister’s life does this by demonstrating how she not only had to provide sexually for Ann – and herself, it should be noted – but she also needed to ensure that Ann lived a normal life and completed tasks such as getting out of bed and eating her food. This meant a constant checking up on Ann, which took a physical strain out on Anne and

brought up frustrations over the lack of a cure. The inspection of the journals, therefore, lets us look into the burden placed upon female companions, as well as the internal battles they faced by themselves in determining what could potentially “cure” their hysterical loved one.

“Those who…endeavour to bias her mind”

Alongside the onus of consistently being there to take care of Ann Walker, Anne Lister also had to contend with the fear Ann’s hysteria ignited, both from the Walker family and herself. The analysis of conversations between these two parties reveals how external voices were taken in by female companions. Oftentimes, this created a struggle to prove that one was good enough for a hysterical lover, a battle Anne Lister took on without support from others.

The first time that Anne heard about Ann’s mental health came before the diagnosis from Dr Belcombe. In recounting a conversation with Ann’s aunt, Mrs. Priestly, Anne noted: “Miss Walker’s illness likely to be insanity - her mind warped on religions. She thinks she cannot live - has led a wicked life, etc. Had something of this sort of thing occasioned by illness at seventeen, but slighter. The illness seems to in fact a gradual tendency to mental derangement.”

The importance of Lister learning about the state of Walker’s health from a non-medical professional provides insight into the ways in which “knowledge” of hysteria permeated everyday society in the nineteenth century. Mrs. Priestly

46 Choma, Gentleman Jack: The Real Anne Lister, 68.
47 “Knowledge” is in quotations because, in fact, the conversations did not always coincide with the actuality of the hysteric. The belief from Mrs. Priestley that Ann’s hysteria would end in mental derangement was a possible reality, but not confirmed by any doctors at the time. This was due to the fact that, while there was no set cure, there also were cases where the hysteria “disappeared.”
was aware enough about the symptoms of hysteria to presume that her niece was insane in some capacity. One way this becomes clear is in the belief that Walker’s mind was “warped on religions,” which correlates to symptoms William Mosley described in *Eleven Chapters on Nervous and Mental Complaints* (1838). This shows that, even in a small town like Halifax, information from doctors influenced societal perceptions of illnesses such as hysteria. This not only demonstrates a link between medical conversations and the greater society, but also the ways in which information became accessible. This was not a public forum: instead, a woman made a claim based upon assumptions and perceived symptoms.

The description of Ann’s mental health by Mrs. Priestley also expresses the fear that was present about Ann within the Walker family. In using words such as “mental derangement,” Mrs. Priestley did not present a positive outlook on Ann’s prognosis. She instead contributed to the idea that a diagnosis of hysteria meant “no cure.” Additionally, the notes about Ann having led a “wicked life” can be interpreted in many ways. The fact that Mrs. Priestley mentioned this to Anne, who had a reputation in town for being “odd”, reflects a push to dissuade Anne from pursuing a companionship with Ann. In Mrs. Priestley’s mind, the insanity arose from Ann’s beliefs of her own wickedness: Ann Walker did not need to physically live that life of wickedness with Anne Lister. The fact that

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48 Mosley wrote that, among oppressive agencies were “perplexities in religion,” which allowed the “influence of nervous diseases” to originate. (William Mosley, *Eleven Chapters on Nervous and Mental Complaints*, (London, 1838), 34.

49 The “oddness” of Anne included her choice of male and black clothing to wear when going into town, as well as the fact that she was unwed even though she was at the traditional age of marriage in the nineteenth century.
Anne Lister listened to this conversation - and made note of it in her journal – expresses how Anne sought to fathom for herself the reality of Ann’s condition. It also indicates the acknowledgement by Anne of the fears she would encounter from the Walker family if she pursued a companionship with Ann. Mrs. Priestley, for one, worried enough about Ann - and the influence of Anne - to attempt to persuade Anne away from any sort of relationship.

The fear and discouragement from members of the Walker family did not only materialize at the beginning of the companionship. In March of 1835, Ann Walker saw herself cut out of much of her aunt’s will after she moved into Shibden Hall to live with Anne Lister. And in August of that same year, Ann’s brother-in-law, Captain Sutherland, wrote about his disapproval over the division of the land in Halifax: “I don’t blame Miss Walker but those who from Interested selfish and wicked motives endeavour to bias her Mind…” In other words, Ann’s mental state was not to blame, but the actions of Anne that caused Ann to argue over land with the Sutherlands.

In both events, Ann Walker’s actions, taken because of Anne Lister, led to the backlash. The removal from the will shows a fear of the influence of Lister: if Walker were left in it, the property could potentially go outside the family. That it came after Walker moved further implies a disapproval of Lister. Walker staying at Crow Nest meant she remained under the eye of the Walker family. Because so much of what Lister did for Walker and her hysteria was related to intimacy, there was no way the Walker family could understand the extent of Lister’s influence.

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50 Liddington, Female Fortune: Land, Gender and Authority, 158.
51 Liddington, Female Fortune: Land, Gender and Authority, 185.
on Walker’s well-being. They only saw Lister as a bad influence, which disregarded the emotional support Lister provided as a companion. It also highlights the struggles female companions met when they and their companions were the only ones who knew of the extent of their relationship. For Lister, she was not only trying to gain land: she genuinely cared for Walker and wanted to help cure her.

The misguided fear of Anne by the Walker family appeared again in the letter from Captain Sutherland when he spoke to the fear of hysteria and Anne. The notion that Anne had “wicked” motives can speak to the nontraditional female companionship, even more so when it is understood that Anne embodied both masculine and feminine traits as the healthy companion. Anne Lister could be perceived as a threat to Captain Sutherland because she acted as a “doer” and took the lead in helping Ann with matters such as land disputes. Additionally, the idea that Anne would “bias her Mind” speaks to the larger concern in the Walker family regarding Anne. The family did not see Anne Lister as someone who worked to find a cure for Ann’s hysteria. They instead saw Anne as part of the problem, someone who harmed Ann because of the supposed influence she held over the hysterical Ann. Their lack of acceptance meant an isolation of Anne, who had to go about finding the cure for Ann by herself.

The fear of what Lister did for the well-being of Walker was not only present among the Walker family. On March 13, 1836, Lister wrote: “A-poorly-she is getting all wrong again in her spirits. I really fear for her intellect.”

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52 Liddington, Female Fortune: Land, Gender and Authority, 212.
fear Lister writes about ties into the fear of the Walker family. Lister worried about Walker’s intellect due to her hysteria: Captain Sutherland did as well, both because of her hysteria and her companionship with Lister. The fear of intellect also ties into greater notions of hysteria in the medical discourse and whether a cure existed. That Walker got “all wrong again” suggests that she was well in the past. The fear, then, could be the unknown for what caused the hysteria: was it just her spirits or was it Lister herself?

This speaks to a greater conversation about female companions. Anne Lister not only had to deal with the repercussions that she and Ann ran into from the Walker family, but she also had to contend with her own fears of Ann’s hysteria and the unknown that came with the diagnosis. That the backlash emerged when Anne combined her masculine and feminine roles - by managing the estate and caring for Ann by moving her into Shibden Hall - hints at an underlying cause of the distrust. Anne being a woman was not necessarily the cause; rather, it was the nontraditional roles she took on as a female companion to a hysterical. The personification of being a companion who provided much for Ann, then, meant navigating a line of care and harm.

“Removal and skilful medical treatment are…absolutely and immediately necessary”

Because of the fear and tolls Lister took on as a female companion, she pushed to curb Walker’s hysteria by enacting separation between the two of them, which involved coordinating trips for Walker to go on by herself. The actions
taken by Lister reflect the recommendations typically made by doctors: the failure to find a “cure” demonstrates how reality did not always mirror expectations.

At the beginning of their companionship, Anne wrote to Captain Sutherland about Ann’s hysteria, creating a plan to send Ann up to Inverness, Scotland, for a medical stay with the Sutherlands. The hope was that this journey would improve Ann’s mental health and cure her hysteria. Notably, Anne refused to take part in the journey or keep in direct contact with Ann, noting that it would “only be a harass to her.”

The idea of separation was not solely Lister’s decision, as it reflected the larger medical discourse of the time. English medical professional George Man Burrows, in *Commentaries on Insanity* (1828), wrote of the benefit of separation from loved ones, that hysterics recovered “in a short time” without “any remedies.” Additionally, in *Body and Mind* (1873), psychiatrist Henry Maudsley stated: “It is an easily curable form of derangement, if the patient be removed in time from the anxious but hurtful sympathies and attentions of her family…” While Walker was going to family in Scotland, the distance from Lister - who was a member of her family, as a companion - was the separation that needed to happen for treatment.

Indeed, Anne sought to explain this to Ann’s sister, Elizabeth, in a letter from August 1833: “I can’t close my letter without again begging you to give my love to your sister, with a repetition of the assurance that she may count upon my

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doing all I can for her...removal and skilful medical treatment are, in the first
instance absolutely and immediately necessary." In other words, Anne took heed
of the medical understanding of hysteria to use separation as an attempt to cure
her companion. She saw this as an opportunity to make things better so that their
companionship could continue without the hardships and fears that presently
came with it. The note of “giving love” signifies that the removal of Ann to
Scotland was not simply for a chance to break away and end the companionship.
Indeed, Anne viewed this trip in a positive light, that her loved one would be able
to get the help she deserved, and their lives could go back to a sense of normalcy.

The separation also allows for an exploration of the barriers that female
companions faced in trying to find a cure. Even as companions such as Lister
epitomized traditional masculine and feminine roles, they could not solve the
mystery of curing the hysteria in their loved ones. For Lister, this meant that she
had to resort to other medical suggestions to venture to help Walker in her current
state. Thus, travel should not be categorized as a vacation, but as a chance to end
the madness. Unfortunately for Ann Walker, the trip to Scotland evidently did not
end in her favor. While she was still there, Elizabeth Sutherland wrote in a letter
to Lister that Walker was “better in bodily health, at least fatter, but still it seems
no better in spirits.” And when she returned to Halifax, Lister noted that “she
seemed lowish,” which stemmed from the revelation that Walker did not receive

56 Choma, Gentleman Jack: The Real Anne Lister, 222.
57 Choma, Gentleman Jack: The Real Anne Lister, 220.
medical treatment while in Inverness.\textsuperscript{58} Thus, the pursuit of cure through travel failed and Ann Walker remained with low spirits.

Part of that may be because of the lack of medical treatment, it is true. But part of it could also be from the lack of connection to the healthy companion. A female companion such as Anne Lister differed from other caretakers of hysterics because of the nature of their relationship. As a companion, Lister was a doer and a caretaker, someone who could both comfort and protect Walker. Without Lister, Walker is left without a stable figure in her life, and so the attempt to go out in the world on her own failed. What this reveals about the role of the female companion in the era of hysteria is that their position within the relationship meant that certain medical discourse on treatments did not necessarily apply to their situation. A constant struggle ensued to determine the right treatment in a hope for a cure, which placed yet another responsibility on the healthy female companion as she challenged medical discourse on her own. The never-ending journey to determine the best treatment in the history of female companions begins with Lister and sees a development and adaptation through time with companions Katharine Loring and Vita Sackville-West.

\textbf{An Emotional Bond Until Death}

The journals and writings of Anne Lister provide an inside perspective into what it meant to live and be in a companionship with someone who was diagnosed with hysteria in England in the nineteenth century. The rereading of Anne Lister’s journals with consideration of her role as a companion reveals

\textsuperscript{58} Choma, \textit{Gentleman Jack: The Real Anne Lister}, 247.
another side of her masculine/feminine performativity. In this case, it was the handling of physical, societal, and emotional strains put on her as the healthy companion, such as a lack of fulfilling sexual desires. The journals also expose the grit and determination female companions needed to take care of a hysterical lover, as they were oftentimes alone in tackling the task of finding a cure. Female companions had to navigate and challenge the medical discourse to determine which treatments worked for non-heteronormative couples. The journals also demonstrate the disadvantage of only exploring history from the view of medical journals. Not only does it ignore the impact of a diagnosis of hysteria on a hysterical and their loved ones, but it also omits the lived experience of female companions in non-traditional relationships.

Anne Lister’s journals also explore the reality of female companions having to prove - to themselves and others - that they were a need for the hysterical because of the fact that no one else could be all of the things the female companion was to their lover. The female companion, despite societal fears, was not someone who simply could be taken away. The role they played meant that they took on a variety of roles that made them an emotional stronghold for their companion. That Anne Lister and Ann Walker stayed together until Anne’s death demonstrates that, even with the hardships, fears and failed treatments, the female companion in history remained steadfast for their loved one. It is a reminder that the female companion was more than just a friend in the nineteenth century. They were a part of a bond that connected two together, a bond that remained until one had passed on. The bond, the significance of the healthy companion, was what
made the journey of a female companion in nineteenth-century England distinct from traditional heteronormative relationships with hysterics.
Chapter 2: A Companion in Travel: The Journey of Katharine Loring

“It would have been highly immoral, when Kath. was here, not to get as much work out of her as possible, so the second week she began upon Woking” - Alice James, February 17, 1890

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While history tends to remember the legacy of two of Alice James’s (1848-1892) brothers - William became a prominent psychologist and philosopher, while Henry came to fame as a novelist - Alice’s journals and letters provide insight into living as a woman, as well as what a diagnosis of hysteria meant for everyday life in the nineteenth-century. The hysteria of Alice James provides a different insight than other hysterics – such as Ann Walker - because Alice lived longer with her diagnosis. The end of Alice’s life as well varied from both Ann Walker and Virginia Woolf because, unlike these women, in the last years of her life Alice became bedridden. This state of life gave her companionship with Katharine Loring a new meaning because of Alice’s inability to leave bed. By reading Alice’s journals against the grain, in this chapter I will discuss the lived experience of Katharine, a healthy female companion who encountered a range of physical and emotional duties as she took over responsibilities for parts of Alice’s life, some of which included writing for Alice and extensive travel.

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Born to Henry James and Mary Robertson Walsh, hysteric outbreaks marked Alice’s life long before her companionship with Katharine, with the first breakdown occurring at age nineteen.\(^6\) Periods of travel for treatment defined Alice’s early years, which included “motorpathy with Dr. Taylor,” “electrically by Dr. Neftel” and her eventual move to London in 1884.\(^6\) The move to London, at first temporary, became permanent when Alice herself could no longer travel because of her hysteria.

Alice’s greatest hysteric episode happened in 1878, with thoughts of suicide and a long stay in bed.\(^6\) Alice’s father remarked that, during this time, Alice had “‘violent turns of hysteria...is half the time, indeed much more than half, on the verge of insanity and suicide.’”\(^6\) These feelings came into full force when her brother William married, particularly because Alice thought of the marriage as a desertion by a loved one at a time when she saw herself as “bad” and “weak” with nobody to love her - or for her to love.\(^6\) The next year, however, Alice recovered and found solace in a female companion: Katharine Loring.

Born on May 21, 1849 to Caleb William Loring and Elizabeth Loring, Katharine had a passion for knowledge despite the fact she never had a formal education.\(^6\) This led to her teaching at the Society to Encourage Studies at Home, founding the Saturday Morning Club of Boston, and becoming an instrumental

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\(^6\) Alice James, *Alice James: Her Brothers, Her Journal*, edited by Anna Robeson Burr, (Cornwall, 1934), 76-77.
\(^6\) James, *The Diary of Alice James*, edited by Leon Edel, 6.
part in the setting up of the Beverly Public Library.\textsuperscript{67} As with her love for learning, the companionship with Alice would be long-lasting. The beginning of it saw Katharine take Alice to the Adirondacks in 1879 and Katharine also cared for Alice with the death of her father in 1882.\textsuperscript{68} The most intimate part of their companionship, the time when Katharine became fully devoted to doing all she could to help Alice, happened in the last years of Alice’s life when they both moved to London, which is the time period I will focus on in my chapter.\textsuperscript{69}

When examining the scholarly work about Alice James, there is an interest on the London years. Produced work includes a reading of Alice’s journal as humor by Haley French, as well as a study by Erika Kvistad into how Alice discussed death in her journal.\textsuperscript{70} While doing this, however, scholars leave out an exploration of Katharine Loring’s lived experience as the healthy companion, either by focusing solely on Alice or by only exploring the homosexual aspect of the companionship. In this chapter, I will expand upon this work by using Alice’s writings to provide insight into the reality Katharine Loring encountered as a companion. Her role was more than just being a woman Alice loved. Indeed, it became the ability to perform expectations that, in heteronormative relationships, multiple people performed. As such, by focusing on the lives of female companions through the lens of Katharine Loring, I will demonstrate how their

\textsuperscript{67} Strouse, \textit{Alice James: A Biography}, 193.
\textsuperscript{68} Strouse, \textit{Alice James: A Biography}, 194; 208.
\textsuperscript{69} This part of James’s and Loring’s life also has the richest number of primary sources because of the journal Alice kept. A focus on London also provides a physical location link to Anne Lister/Ann Walker and Vita Sackville-West/Virginia Woolf.
lives differed from those around them in the nineteenth and twentieth centuries in England. For Katharine, this included an emotional and physical toll that Alice placed on her to perform a plurality of roles, including that of a scribe; the fear from the James family regarding the companionship; and the burden of travel Katharine took on in an attempt to “cure” Alice and her hysteria.

“Unexampled genius for friendship and devotion”

The time Alice and Katharine spent in London was paramount to their companionship because this was where Alice’s dependency on Katharine came into full swing. Analyzing the demands Alice had for Katharine allows for an investigation of the strain female companions confronted in nineteenth-century England, which included physical and mental tasks. Distinct from other companions – such as Anne Lister and Vita Sackville-West – was the physical tasks Katharine dealt with in London that was heightened with the severity of Alice’s hysteria and other illnesses, as Alice’s diagnosis of breast cancer confined her to a bed in 1891. Because of this, Katharine took on the role of physically being “Alice’s legs”, going shopping, sightseeing, and socializing all for Alice’s sake.71

The importance of this task cannot simply be a passing remark about Katharine’s ordeals as a companion. Katharine now not only had to take care of herself in public, but she had to conduct herself in a way that was beneficial to the bedridden Alice James. In doing so, Katharine’s way of life exemplifies the assumptions hysterical lovers had for what their female companions would do for

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them that was not expected in a traditional relationship. For Katharine, her status as an unmarried woman granted her the opportunity to go out freely; her role as a female companion meant she went out either as herself or as Alice.\footnote{This reflects the roles Anne Lister took on: while she focused on protecting Ann Walker from gossip, Katharine worked to keep Alice active in the public sphere.}

Additionally, Katharine found herself being a constant figure at Alice’s side as she became bedridden. Alice’s brother, Henry James, remarked that Katharine would not leave Alice’s side because she considered it “inhuman” given the severity of Alice’s illness.\footnote{Strouse, \textit{Alice James: A Biography}, 297.} Once again, Katharine does not act in one role as the healthy companion. Here, she became both a caretaker and a companion to Alice. This is important when exploring the broader context of hysteria at the time, as medical discourse influenced beliefs in society that hysterical patients faked their symptoms. Psychiatrist Henry Maudsley wrote of hysterical women “believing or pretending that they cannot stand or walk…”: thus, Alice’s staying in bed could be interpreted as a farce.\footnote{Showalter, \textit{The Female Malady: Women, Madness and English Culture, 1830 – 1980}, 133.} Katharine’s choice to sit by Alice’s bedside, then, opens a consideration into the reality of hysteria outside of medical discourse. A female companion did not have the time to believe symptoms were fake: the hysterical was confident you would be there and so you were there. Katharine Loring’s actions provide an unexplored angle of hysteria, which is when companions continued to care for the hysterical, thereby challenging the medical professionals who believed the symptoms were no real.

The load that Katharine took on as a companion did not go unnoticed by Alice. In a journal entry from February 17, 1890, Alice wrote: “It would have
been highly immoral, when Kath. was here, not to get as much work out of her as possible, so the second week she began upon Woking.”\textsuperscript{75} The use of “highly immoral” circles back to a recognition of what the female companion meant to the hysteric in England in the nineteenth and twentieth centuries. For a normal family member, the assumption was that they would not do any chores for the hysteric. For a female companion, there was no question that they would tackle these responsibilities: anything otherwise would go against their duties as a companion. Here, Alice interpreted the tasks as giving Katharine chores that were days-long in their completion. Katharine’s reality became one where Alice presumed she would perform all these projects, to have this extra responsibility, because she was the healthy companion. These were tasks done only by the companion, isolating her and making her lifestyle distinct from others.

The act of “get[ting] as much work” out of Loring also reflects the merging of traditional masculine and feminine roles. Loring embodied a “doer” by working, a typical masculine trait in nineteenth-century England. This came at the same time she exhibited feminine qualities by staying close to James’s bedside as an emotional comfort. The female companion, then, did not exist as a manifestation of masculinity or femininity: rather, it became the two traditional gender roles working together. This incorporation of both masculinity and femininity is what made the lives of female companions distinct from heteronormative companions who took care of hysterics during this time.

\textsuperscript{75} James, \textit{The Diary of Alice James}, edited by Leon Edel, 88.
For Alice, she saw Katharine as an androgynous figure, someone who blended the strength of man with the compassion of woman.76 The gender roles of man and woman, husband and wife, father and mother, all these Katharine personified. As a female companion, Katharine provided for Alice in more ways than Henry James because she could perform the jobs of multiple people all by herself. What, then, did that mean for the lived experience of Katharine Loring? For one thing, it meant that there would be constant movement in Katharine’s life as she worked to dote on the loved ones in her life, a toll that should not be brushed aside. It instead serves as an example of the type of lives that female companions may have had to live in the nineteenth and twentieth centuries in England. For another, it meant Katharine constantly added more to her plate as Alice gave her more tasks because of the tacit understanding that she could perform them with ease. As she did this without support, it demonstrates how isolating being a companion could be because of the hysteric’s belief in you being the sole one who could help her hysteria.

A unique aspect of Katharine’s role as a female companion that encapsulates the charges placed on her was her becoming a scribe for Alice. While companions such as Anne Lister and Vita Sackville-West also took on a multitude of work to help their lover, none of them found themselves - as Katharine did - having to write down the innermost thoughts of their hysterical

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76 Strouse, Alice James: A Biography, 195. This androgyny of Katharine harkens back to Anne Lister, who oftentimes was mistaken for a man in public because of the clothing she wore. There also was an ideology of the time of “Separate Spheres,” where women were considered physically weaker but morally superior to men (British Library, “Gender roles in the 19th century.”)
companion. Beginning on December 31, 1890, Alice dictated her journal entries to Katharine, who in turn wrote them down.77

In doing this, Katharine’s life expands our discernment of what female companions handled in England in the nineteenth and twentieth centuries. For Katharine, she did not exist simply to be a love for Alice, rather, she was there to function and write *as* Alice. Thus, at times, the duties of female companions could include not only working to ensure that their loved one was comfortable, but that the hysterical could live beyond their diagnosis. Oftentimes, this meant taking on roles that other family members did not assume. Here, Alice did not ask her brother Henry - who lived down the street from them in London - to take on the task of being her scribe; instead, she placed this obligation on Katharine. Katharine was assigned this because the level of dependency Alice had for her as a companion created a deeper sense of trust and connection than to other family members. This trust that hysterics felt towards female companions transcended time, but the ways in which they showed it differed: Ann Walker gave her land to Ann Lister, Virginia Woolf wrote intimate letters to Vita Sackville-West, and Alice James provided Katharine Loring the chance to be her scribe.

At the end of James’s life, her journal entries began to reflect on what Loring meant to her. One entry noted:

> As the ugliest things go to the making of the fairest, it is not wonderful that this unholy granite substance in my breast should be the soil propitious for the perfect flowering of Katharine’s unexampled genius for friendship and devotion. The story of her watchfulness, patience and untiring resource cannot be told by my feeble pen, but all the pain and

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discomfort seem a slender price to pay for all the happiness and peace with which she fills my days.\textsuperscript{78}

The journal entry allows for a reading into the reality of female companions in England during this time period. For one thing, the fact that Loring had to write these words down exhibits the emotional toll of the companionship. James told her to write about her pain and discomfort, the ugliness of her cancer. This would not be easy for anyone to write themselves, let alone having a loved one write it down for you. An unspoken agreement emerged between Loring and James that, while Loring could write about the pain, she could not take it away. As we will see with Vita Sackville-West, this helplessness of being unable to completely cure one’s lover continued to impact female companions throughout time.

Alice’s negative thoughts, however, were not the only things that Katharine had to make note of: she also had to grapple with what Alice thought of her. The shift here of having the journal become accessible to the female companion meant that the innermost thoughts of the hysteric were on the table.\textsuperscript{79}

The understanding of how much you meant to a companion - as well as how dependent a companion was of you - became another emotional task that Katharine had to struggle with. While it is unclear exactly how Katharine internally handled writing for Alice, what is known is that Alice placed a great amount of trust and respect upon Katharine as she took on the position of scribe, which cannot be understated in her role as a companion.

\textsuperscript{78} Strouse, \textit{Alice James: A Biography}, 310.

\textsuperscript{79} In comparison to Lister, while some of her journals were accessible, Ann Walker did not know the code for the more intimate notes that Lister made about their relationship. Thus, there was a barrier between the companions regarding deep personal thoughts.
This is highlighted in the notion of Katharine’s “devotion.” A word such as devotion allows for Katharine’s role in Alice’s life to have a greater emphasis: it connotes a type of love where Katharine would do anything for Alice, which Katharine proved by the actions she took while they lived in London.\textsuperscript{80} The devotion also represents an imbalance in the relationship. Katharine was the one who took on the burden of care, a responsibility that was one-way. Alice’s word choice speaks to the greater toll female companions faced in England in the nineteenth and twentieth centuries. Oftentimes, they gave more than they received because of the hysteria rampant in their lover, a true sign of devotion.

Another phrase that is important in understanding the distinct reality of Loring is when James talked of Loring’s “watchfulness, patience and untiring resource.” Taken out of context, these words symbolize traits typically given to a parent, someone who watches over a child and provides for them. For the bedridden James - with both mother and father already dead - Loring became not only a female companion, but someone to fill the part of the missing parental figure in James’s life. Loring had already proven she could handle masculine and feminine roles: moving to an embodiment of a pseudo-parent became just another task for her as the healthy female companion. In turn, Loring saw a greater need from James to be all these roles at one time, which placed an undue onus on herself.

Thus, the emotional and physical strain Katharine exerted to take care of Alice provides insight into the day-to-day life of female companions. The ability

\textsuperscript{80} This included going house hunting and keeping up correspondences with friends.
to handle more jobs than the common family member meant an expectation of Katharine to consistently perform for Alice. This required the manifestation of traditional masculine, feminine and parental traits. In doing so, Katharine Loring provides an example of the range of duties that female companions encountered in nineteenth and twentieth century England. At a time when traditional gender roles were split between male and female, the female companion was the one who had the capacity to be both for their lover. This was done at the same time they navigated medical discourse and determined what was best for their non-heteronormative relationship by considering all symptoms to be real. By exploring the lives of female companions, we do not only see the importance of their presence for the well-being of the hysterics, but also the plurality of jobs they incorporated into their everyday lives.

“K.’s divided duty”

We also glean information about Katharine’s role in Alice’s life by analyzing the writings of the James family, particularly Henry James. While Henry saw the companionship as a good thing at times, his fear for Alice and her hysteria influenced his opinion of Katharine. This, in turn, echoes ideas of hysteria at the time, specifically the concerns over the uncertainty of who or what exacerbated the hysteria. The general grasp Henry had for Katharine’s role in Alice’s life, however, demonstrates the importance of female companions in the lives of loved ones who were hysterics. In examining Henry’s reaction to Katharine, I provide another layer to responses from family towards female companions that is different from the reaction by the Walker family towards Anne
Lister. While the initial response may have been different, the one thing that stayed the same over time was the fear of the female companion hurting the hysteric.

As the companionship between Katharine and Alice deepened, Alice’s need for Henry ebbed, which Henry reacted to by becoming suspicious of Katharine and her duty to Alice.\(^{81}\) In a letter he wrote to Aunt Kate, Henry remarked that: “...a long period with K. will work better than a short one, especially if it is free from the baleful element of Louisa’s conflicting claims and K. 's divided duty - which had much to do with Alice’s downward course after going to B[ournemouth].”\(^{82}\)

Henry’s remarks are important in discerning how family members felt about Alice and Katharine’s companionship. Here, Henry’s main concern was that Katharine’s divided duty caused Alice’s hysterical episodes. He believed Alice’s hysteria was bad in the present moment because Katharine was not there for her at all hours of the day. The letter becomes an example of the ways in which fear of the female companions emerged in family members of the hysteric: for Henry, he feared the lack of Katharine’s presence, that she was not only living as a companion to Alice.

This fear appeared in another letter when Henry wrote to friend Elizabeth Boott: “...I confess I tremble when I think of Katharine Loring’s absence.”\(^{83}\)

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82 Strouse, *Alice James: A Biography*, 240-41. Louisa was Katharine’s sister who needed medical attention from Katharine at the same time as Alice. This means that, for a time, Katharine was constantly traveling between the two women in her life.
again, Henry feared for Alice without Katharine. In looking at Henry’s reaction compared to the responses of other family members of hysterics, Henry’s general approval of Katharine stands out. Unlike the Walker and Woolf family, the fear did not come from the presence of Katharine: rather, it came from her prioritization of other commitments. This is important because it demonstrates that there was a wide spectrum of reasons family members worried about the healthy companions’ role in the life of the hysterical in England during this time.

The reaction of Henry also posits that, while the approval of companions may change over time, what does not is the belief of family members that the actions of female companions harmed the hysterical, either by being there or by going away. This belief of family members regarding the female companions speaks to the greater perception of hysteria in England during the nineteenth and twentieth centuries. Hysteria had no known cure, nor was there any set of symptoms physicians agreed upon in the medical discourse. Thus, families played a game of roulette in determining what the symptoms of a hysterical were. For Henry James, all he knew was that, when Katharine was there Alice did better: when she was not, Alice was worse off than before. Thus, Henry saw any divided attention of Katharine’s as a harm to Alice and the treatment of her hysteria.

Henry’s fears, in turn, placed an additional onus on Katharine. The expectation of Katharine was to always be there for Alice, regardless of other obligations she had to take care of her own family, of which two members were sick. The irony of Katharine Loring’s situation is that, while Henry wrote of her divided duties, he did not want to step in and take over, even as he lived down the
street from Alice. Indeed, Henry wrote to his Aunt Kate that he approved
Katharine’s return to care for Alice because “...it is the only thing I can do unless
I take Alice completely on my own shoulders - which is obviously impossible
from every point of view.”84 Here, Henry claimed the task was “impossible”
because the burden of caring for Alice came at the same time he worked on his
novel, *The Bostonians* (1886).85 The acknowledgement of this load by Henry in
turn speaks to the distinct position of female companions who could handle
multiple responsibilities at one time.

In the same letter, Henry conceded why Katharine was able to handle
Alice: this was because of “a devotion so perfect and generous.”86 Henry echoed
Alice’s own thoughts of Katharine’s devotion while also speaking to a tacit
understanding of female companions: because of the plurality of roles they took
on, they were the ones uniquely able to help a hysteric loved one. Katharine had
the devotion and generosity to be the best one to assist Alice because she
epitomized feminine emotion alongside masculine tenacity in her devotion
regarding Alice. Even with this acknowledgement of devotion, nonetheless fear
was present among family members: for Henry, it was the worry that Loring did
“more harm than good.”87 The back and forth of Henry’s feelings echo the all-
encompassing fear he had for Alice: he believed Katharine could help, but he also
saw her as a harm. It also demonstrates how hard it was for female companions to

85 Strouse, *Alice James: A Biography*, 244.
find support from the family members of the hysterics because of their inability to truly believe the benefits of the healthy companion.

Henry’s letters serve as a reminder of how fear informed the opinions of family members of hysterics towards female companions in England in the nineteenth and twentieth centuries. Oftentimes, the fear created an underlying disapproval of the female companions, with some concessions every now and then. In analyzing letters from family members, we get a nuanced discernment of what female companions faced. While they - and the hysterics - recognized their importance, the lack of a definition of hysteria meant companions often had to deal with circumnavigating the fears of family members who found them at fault for the ills of the hysterics.

“An embodiment of the stretchable”

The fears of Henry James concerning Katharine and her “divided duties” became evident in the travel Katharine underwent as a female companion. At the beginning of their companionship, Katharine took Alice on an excursion to the Adirondacks where they were alone for the majority of the time.88 Eventually, they went on trips together to places such as the White Mountains, Cape Cod, and, finally, London.89 The travel provided a physical change of location, as well as a chance to strengthen the companionship and attempt to cure the hysteria, as doctors recommended travel as a form of treatment.90 While the trip may have

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88 Strouse, Alice James: A Biography, 194. Alice noted that a Dr. Charles Putnam came and stayed with them for a few days while they were camping together.
89 Strouse, Alice James: A Biography, 197.
90 Indeed, Dr. Belcombe recommended it in March of 1836 to Anne Lister as a treatment for Ann Walker’s hysteria (Liddington, Female Fortune: Land, Gender and Authority, 216).
been a chance to relax and heal for someone like Alice James, the pressure to ensure that nothing went amiss - and that the travel was successful as a treatment regime - fell back on the healthier companion. Because of Katharine’s role as a companion that coincided with a position of caretaker, Alice relied on her to ensure that the travel did not end in disaster.\(^9^1\)

This presumption that travel helped came under scrutiny for Katharine and Alice when the travel involved separation between the women. Soon after Alice moved to London, Katharine began to travel back and forth between London and America, caring for both Alice and her own father and sister. This travel reflects the lived experience of female companions and the burden they carried to care for their loved ones. As a companion who was a caretaker and a doer - embodying masculine and feminine traits - Katharine took on the responsibility of traveling overseas time and again. She did so because, as an unmarried woman in the nineteenth century, she could commit to calling on everyone. What made her ordeal different than those who were not female companions was that she had to work to divide attention between two families. Indeed, the female companion’s life became one where the urge to care intensified and required an ability to adapt while traveling, which happened in later years with Vita Sackville-West.

Another interpretation of the travel can be that of a response to the failure of a cure for Alice’s hysteria. While doctors prescribed travel and separation from loved ones of the hysterical as a form of treatment, the reality of Katharine Loring would suggest that other avenues of treatment were sought by female companions

\(^9^1\) Henry James himself attempted at times to travel with the women and was disappointed when he could not (Strouse, Alice James: A Biography, 199).
as a challenge to this discourse. On a trip to London in 1881, the separation from Katharine aggravated Alice and caused a hysteric episode: when Katharine wished to visit alone with her aunt and uncle for a few days, Alice became bedridden and required around-the-clock attention and care from Katharine.

Biographer Jean Strouse remarked in Alice James: A Biography (1980) that this incident was not a one-off event, with similar reactions arising whenever Alice had to share her time with Katharine with someone else.

Alice’s hysterical breakdown upon Katharine’s departure offers insight into the ways in which hysteria affected female companionships in nineteenth-century England. For Alice, the hysteria took over her body and physically stopped her from moving. For Katharine, it became a strain of constant travel to ensure that Alice was okay. Alice’s actions also echo a symptom of hysteria: jealousy. The moments when Katharine was away from her were the times that Alice had hysteric episodes and needed the physical and emotional support of Katharine - her female companion - to take care of her. The history of Alice’s hysteria provides insight into the female companion’s life, specifically what treatments did and did not work. The failure of separation is a constant thread in this history, as Anne Lister and Vita Sackville-West encountered disappointments as well. This, in turn, demonstrates how common medical discourse on treatments for hysteria did not always apply to the non-heteronormative female companionships of the nineteenth and twentieth centuries.

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92 This is similar to the experience of Anne Lister and the failed attempt to cure Ann Walker of her hysteria in Scotland.
93 Strouse, Alice James: A Biography, 198.
94 Strouse, Alice James: A Biography, 199.
The jealousy that developed in Alice also touches upon a history of hysteria that is not spoken about. The jealousy of the female companion who left you or was caring for someone else was not an example in the medical treatises of the nineteenth and twentieth centuries given the non-heteronormative nature of the relationship. In shedding light on this part of Alice’s life, it not only grants a broader history of hysteria, but a deeper exploration into what female companions dealt with. For Katharine, it became the struggle to balance travel and care for her own family with the needs of Alice to constantly be there as the healthy companion.

Alice’s ongoing dependency of Katharine appeared once again in 1887 when Katharine returned to America to take care of her father and sister. In a letter to brother William, Alice wrote: “Since Kath. has been wrenched away from me and has now definitely passed from within my horizon for years, I am stranded here until my bones fall asunder, unless some magic transformation takes place in my state.”95 In other words, Alice had become dependent on Katharine to the point where she felt herself unable to do anything unless Katharine was with her. The notion of Katharine being “wrenched away” implies a cruelness, an uncalled-for action. This alludes to the role Katharine played as a companion: she was someone whose absence was immediately felt by Alice. Alice believed that Katharine was central to her existence: “until my bones fall asunder” suggests Alice thought her life was over without Katharine there. In turn, this places a significant onus on the expectations of Katharine as the healthy companion.

95 Strouse, Alice James: A Biography, 274.
Katharine became someone who needed to exert all her efforts towards Alice to ensure that she could live her life. When one adds in a realization of her present situation of having to take care of her own family members, it is astonishing to see the flexibility with which Katharine handled being the companion of Alice.

Indeed, Alice recognized the lengths that Katharine went to as a companion. In a journal entry from November 16, 1889, Alice wrote: “Notwithstanding the wear and tear of time and the burden of three invalids upon her soul and body, [Katharine Loring] seems as large a joke as ever, an embodiment of the stretchable, a purely trans-Atlantic and modern possibility.”96

Alice’s journal entry provides both insight in the mind of an hysterical like Alice, as well as the ordeal Katharine faced as a female companion. In calling Katharine “an embodiment of the stretchable,” Alice shrugs off what Katharine was doing: Katharine traveled thousands of miles - from America to England and back again - to care for family members while also being a companion. That this happened at a time when modern conveniences such as planes, telephones and computers did not exist seems unfathomable. Yet, Alice thought this was merely something Katharine easily could do given her ability to perform a multitude of roles as the healthy companion.

This remark by Alice reflects the presumptions healthy female companions ran into. They were seen - by the hysterical - as so vital to their well-being that the placing of additional responsibilities on the healthy companion that stretched them thin was okay. This was fine because it ensured the companion

96 James, Alice James: Her Brothers, Her Journal, edited by Anna Robeson Burr, 111.
would still be in their life. This emphasizes the necessity of companions as well. Even as other family members and doctors for the hysteric catered to the needs of the hysteric, the absence of the companion was what made symptoms worse. The companion, in their performance of a duality of roles, could make a difference for the hysteric. They were dependable and expressed traits that made them so important in the minds of the hysteric. This was seen with Anne Lister and Katharine Loring in the nineteenth century, and it will be seen with Vita Sackville-West in the twentieth century.

The travel that Loring took on, therefore, was for James. Separation did not lead to a cure of James’s hysteria. Instead, because of the paramount role of a female companion in the life of a hysteric, the travel for reunion was necessary time and again. Loring’s journey of taking on this travel and carrying the burden to care for James came at a time when no one else could or would. The repeated travel is the symbol of what it meant to be a female companion in the age of hysteria in England. From Anne Lister to Vita Sackville-West, female companions in the nineteenth and twentieth centuries would work to use travel for the purpose of helping their hysteric lover.

A Distinct Reality

Katharine and Alice’s companionship allows for a continuation of exploring the lived experiences of female companions. For Katharine Loring, her life highlights the plurality of roles the healthy female companion had to take on. The remarks from the James family about Katharine demonstrates how fear influenced opinions of the companion. In this case, the fear arose from what
would happen to Alice if Katharine did not devote her time solely to Alice. This became present in the travel toll Katharine placed on herself, as well as the task of being Alice’s scribe at the end of her life. Even without the internal dialogue from Katharine herself on paper, reading Alice James’s writings against the grain provides an exploration of the life of Katharine, as well as how a female companion’s reality was different from the lives of those who cared for hysterics in a heteronormative setting.

The history of Katharine and Alice’s companionship not only offers a glimpse into the nineteenth-century England writ large, but how female companions handled the hysteria of their loved ones. They did so by gracefully taking on enormous expectations and daily tasks with a tremendous capacity for flexibility. They did so by combining the traits of emotional care and strength to assist their loved one. And female companions did so by protecting and caring for their hysterical lover until the end of their lives. It was a hardship taken on out of love and the realization of how important they were to the hysterical, a love and bond that cannot be forgotten in the history of hysteria.
Chapter 3: Fear of the Madness: The Inner Thoughts of Vita Sackville-West

“[Virginia Woolf] makes me feel protective...I am scared to death of arousing physical feelings in her, because of the madness.” - Vita Sackville-West to Harold Nicolson, August 17, 1926.97

... Virginia Woolf (1882-1941), known for her works of writing - whether evoking childhood memories in To The Lighthouse (1927) or challenging male-dominated history in A Room of One’s Own (1929) - was a pioneer of the modern novel. This fame, however, coincided with an early childhood diagnosis of neurasthenia by George Savage that would affect Woolf’s life, impacting her work and relationships.98 One of those most impacted by Woolf’s mental health was Vita Sackville-West. A prominent writer herself, beginning at the end of 1924 she took on a variety of roles within Woolf’s life as a female companion. Using letters of correspondence between Vita Sackville-West and Virginia Woolf, as well as Woolf’s journal entries, in this chapter I will explore the companionship and provide insight into the lived experience of female companions who sought to assist their partners during periods of hysteria. Together with this will be a focus on the reality of Sackville-West as the healthy companion, and the emotional and physical toll she faced alone.

98 Neurasthenia comes from the same family of hysteria, encompassing a wide range of symptoms including blushing, vertigo, headaches, insomnia, depression, and uterine irritability (Showalter, The Female Malady: Women, Madness and English Culture, 1830−1980, 134). Dr. Savage himself used tropes related to hysteria in his definition of neurasthenia, which included a woman not “performing her reproductive function.” Thus, in thinking about neurasthenia, it is a cousin to hysteria.
The daughter of Leslie Stephen, a literary figure in London, and Julia Jackson, Virginia Woolf - born Adeline Virginia Stephen - suffered her first known nervous breakdown in 1904 after the death of her mother and father.\textsuperscript{99} The diagnosis of neurasthenia by Dr. Savage meant a treatment regimen of no studies and "spend[ing] four hours a day gardening."\textsuperscript{100} A diagnosis known as the more "prestigious" hysteria, symptoms of neurasthenia in the nineteenth and twentieth centuries included depression, insomnia, headaches, and vertigo.\textsuperscript{101} The diagnosis at a young age for Woolf instilled a constant worry in herself and in family members that she would fall back into the "madness."

After recovering from this first major breakdown, Virginia married Leonard Woolf in 1912 and began to work on her novels. The period of the 1910s saw for the Woolfs the formation of the Bloomsbury group and the founding of the Hogarth Press in 1917.\textsuperscript{102} The marriage to Leonard, who Virginia’s sister Vanessa deemed as the "only man for Virginia," can be thought of as a push to "cure" Virginia’s madness.\textsuperscript{103} Leonard provided stability by being someone who was a constant figure in Virginia’s life. Additionally, as a male, Leonard could be the one to provide Virginia a chance to be a mother, a treatment doctors such as George Savage prescribed for neurasthenia and hysteria.

\textsuperscript{100} Showalter, The Female Malady: Women, Madness and English Culture, 1830–1980, 126.
\textsuperscript{101} Showalter, The Female Malady: Women, Madness and English Culture, 1830–1980, 134.
\textsuperscript{102} Britannica, “Virginia Woolf: British Writer.” The Bloomsbury Group was a mixture of English writers, philosophers, and artists who met at the houses of Virginia Woolf and her sister, Vanessa Bell. They were named so because the houses were in the Bloomsbury district of London (“Bloomsbury Group”, Britannica, https://www.britannica.com/topic/Bloomsbury-group).
\textsuperscript{103} Panthea Reid, Art and Affection: A Life of Virginia Woolf, (Oxford, 1996), 129-134.
While the marriage started off well, Virginia’s mental health nonetheless suffered. The triggers included Virginia viewing herself as a failed writer, as well as Leonard’s decision not to pursue having children with Virginia because of his belief that she was too unstable.\textsuperscript{104} The culmination of these events and thoughts led to a suicide attempt in September 1913.\textsuperscript{105} The attempt came after a new doctor, Dr. Henry Head, prescribed a rest cure for Virginia: rather than deal with the treatment, Virginia took 100 grains of veronal because she saw the treatment as a caging of her freedom.\textsuperscript{106} This came despite the promise Virginia made to Leonard that she would comply with the orders of her doctors if they deemed her “unwell.”\textsuperscript{107} Even after she healed from the attempt, Virginia’s life was still characterized by severe mental lows, culminating in her suicide in 1941. Nonetheless, even alongside the mental “madness,” Virginia found happiness in Vita Sackville-West, a companion who influenced her writing and provided an emotional comfort that differed from what Virginia found with Leonard.

An English novelist and poet married to the diplomat Harold Nicolson, Vita Sackville-West (1892-1962) was known for her writing, which included the long poem \textit{The Land} (1926) and her novel \textit{The Edwardians} (1930).\textsuperscript{108} As Vita and Harold had a fairly open marriage, before Vita met Virginia she became involved in an extramarital affair with Violet Trefusis, the accounts of which were later put into print by her son Nigel in \textit{Portrait of a Marriage} (1973).\textsuperscript{109} The connection to

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  \item \textsuperscript{104} Reid, \textit{Art and Affection: A Life of Virginia Woolf}, 146.
  \item \textsuperscript{105} Britannica, “Virginia Woolf: British Writer.”
  \item \textsuperscript{106} Reid, \textit{Art and Affection: A Life of Virginia Woolf}, 159.
  \item \textsuperscript{107} Reid, \textit{Art and Affection: A Life of Virginia Woolf}, 159.
  \item \textsuperscript{108} “Vita Sackville-West: British Writer,” Britannica, Mar 5, 2020, \url{https://www.britannica.com/biography/V-Sackville-West}.
  \item \textsuperscript{109} Britannica, “Vita Sackville-West: British Writer.”
\end{itemize}
literary circles granted Vita the opportunity to meet Virginia at art critic Clive Bell’s house in 1922, a meeting that paved the road for their companionship to begin in 1924.\textsuperscript{110} Even though the more intimate moments of their companionship lasted for only a few years, Vita remained a companion for Virginia until her death.

The relationship between Vita and Virginia has attracted scholarly attention, much of which has relied on the examination of the intimate letters preserved by Nigel Nicolson.\textsuperscript{111} This has included an exploration into the process of Virginia writing Orlando (1928), whose main character was based off of Vita. In general, scholarly interest focuses on the affection that Virginia sought from Vita, not vice versa. While the writing and publication of Orlando is important in understanding the greater emotional attachment of Virginia to Vita, it does not encompass the entirety of their companionship.

Similarly, although Virginia’s mental health has attracted attention through books written about this aspect of her life, less consideration has been placed on her mental health at the moment in time when she was in a companionship with Vita.\textsuperscript{112} In doing this, authors follow the footsteps of Nigel Nicolson, who noted in the foreword of The Letters of Virginia Woolf Volume III: 1923-1928 (1977) that, during her time with Vita, Virginia did not exhibit any

\textsuperscript{110} Panthea Reid, Art and Affection: A Life of Virginia Woolf, 262.
\textsuperscript{111} This includes books such as The Letters of Vita Sackville-West to Virginia Woolf and Vita and Virginia: The Work and Friendship of V. Sackville-West and Virginia Woolf.
mental lows. In taking this point of view, however, scholars overlook Vita’s experience as a companion for someone who was hysterical in England in the twentieth century. It also insinuates that there were moments where Virginia’s mental health did not impact her life, even though her writings - both in her diaries and letters - suggest otherwise.

In this chapter, I will explore the companionship of Vita and Virginia – as well as Virginia’s hysteria - through letters and the day-to-day reality of Vita Sackville-West. In doing so, I will demonstrate that, even if Virginia did not struggle with any extreme mental lows, her hysteria still impacted their relationship, placing an emotional and physical toll on Vita as the healthy companion who took on numerous roles in Virginia’s life. This is seen through the constant letters Vita wrote to comfort Virginia, as well as her taking on a parental role. The duties became exacerbated by the fears of family members, as well as Vita’s own worries about the companionship and the distinct role she played in Virginia’s madness. Additionally, the plurality of roles Vita took on as a companion meant the seeking of a cure became strained during times of travel. By exploring the companionship through this lens, we gain a deeper perception into the phenomenon of life as a healthy female companion in England in the nineteenth and twentieth centuries, a companion who had to play multiple roles in the journey to “cure” their loved one.

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114 This included a diary entry from September 1926, where Virginia wrote: “Intense depression: I have to confess that this has overcome me several times since September 6th” (Virginia Woolf, *The Diary of Virginia Woolf Volume Three 1925-1930*, edited by Anne Olivier Bell, (New York, 1980), 111).
“I wish I REALLY knew how you were…”

As seen in the companionships of Anne Lister/Ann Walker and Katharine Loring/Alice James, the way of life for female companions meant dealing with a hysteric lover who placed a burden on the companion. One aspect that emphasizes the responsibility Vita confronted was the strain Virginia placed on Vita to be a lover and a parent, as well as the emotional demands Virginia had for Vita as the healthy companion. In their relationship, Vita replaced a hole that had been left in Virginia’s life with the death of her parents and brother. Even with her marriage to Leonard, Virginia found in Vita the maternal/paternal and feminine/masculine comfort that she needed.

Because of Virginia’s expectations, the role Vita took on as a companion was multi-faceted. The letters of correspondence between Vita and Virginia reveal the weight of the emotional strain Vita endured because of these roles. At the beginning of their companionship, Virginia wrote to Vita that, while she enjoyed her “intimate letter,” it brought Virginia a “great deal of pain,” though Virginia insisted that she enjoyed “[Vita’s] abuse very much.”\(^\text{115}\) In another letter, Vita remarked how sorry she was that Virginia had a headache, to which Virginia replied: “It isn’t bad: but I tell you, to get your sympathy: to make you protective…”\(^\text{116}\)

The letters provide a look inside the assumptions that Virginia had for how Vita would treat her as the healthy companion. Virginia wanted Vita to be


protective, empathetic, and caring; in other words, to serve roles attributed both to men and to women in England in the twentieth century. For Vita, this meant having to deal with the emotional baggage of always knowing whenever Virginia felt ill. Vita did not have any time to pause and ignore Virginia’s state of mind: because of the frequency of the letters they wrote to one another, Virginia’s madness and its symptoms were constantly communicated to Vita.

Additionally, the medium of letters meant that this was a hardship Vita took on alone. These were words only for Vita and Virginia’s eyes: this meant Vita felt a duty, as the healthy companion, to comfort Virginia in any way. Vita was the one who received the letters regarding Virginia’s thoughts: the actions she took, whether that be writing of her concerns or venturing to understand what harmed and helped Virginia, was a venture into curing Virginia’s hysteria. She did not have the knowledge of what worked, so she became – like Anne Lister and Katharine Loring – both a doer (initiating intimacy) and a nurturer (being an emotional support).

Subsequent letters reveal that, even as time goes on, the duties given to Vita as a female companion did not go away. A letter from Vita on February 4, 1929 read “In bed for another week! My precious Virginia, what horrors are happening to you?” while one from August 16, 1929 stated: “I wish I knew REALLY how you were - at least I have my head left free, whereas your aches - or ached.”

The responses of Vita reflect the emotional strain of being the healthy companion. The talk of “horrors” and wanting to know “REALLY” how

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Virginia felt implies that Vita felt worse when the cause of Virginia’s lows was unknown. The lack of uncertainty was common with the range of symptoms described in the medical discourse on hysteria and neurasthenia. Thus, Vita could only guess the reason for Virginia’s ailments, and so the shock in the letters is an attempt to reason with her own feelings while working to treat Virginia emotionally. Vita did not know how to take away the pain of Virginia, but she wanted Virginia to know she would if she could.

But the letters also speak to the masculine traits Vita displayed as a female companion. In the letter from February 4, Vita told Virginia: “...I wish for nothing the world so much as that I might look after you - short of being able to work a miracle to make you instantly better. Instead of that, we have to go to The British Colony Ball!”.

Here, Vita manifests the masculine side of a female companion by being a doer. Vita told Virginia that they had to get outside since she could not make Virginia better only through emotional care. The act of going out could also be seen as an undertaking to “cure” Virginia. In this instance, Vita pursued multiple treatments at one time by going out and by being an emotional support.

This, in turn, demonstrates the impact of medical discourse on the lives of female companions. Since the medical text had no mention of non-heteronormative relationships, the companions had to try as many of the treatments as possible by themselves. Being a healthy female companion meant an exorbitant amount of time dedicated to the companion, an aspect distinct to

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female companionships because of their ability to be so many roles for the hysteric in one person.

It was not just in letters, however, that Vita took on a plurality of roles. At one point in the midst of the companionship, Vita put Virginia to bed: “Vita assumed Leonard’s role and ‘made her go to bed at ¼ to 10’”.\textsuperscript{119} Vita embodied femininity here by being the caring mother who dotingly waited on her child and put her to bed. At the same time, Vita epitomized masculinity in the physical act of seeing Virginia off, which was heightened by the taking over of Leonard’s role, who was the masculine husband. The putting to bed also reflects the parental role Vita took on as a companion. A parent is there for their child and works to ensure they are healthy and loved. Virginia’s parents were both dead, so she expected Vita, as the female companion, to take the place of mother and father. This placed a burden on Vita as she tackled personifying all these roles as a companion, from lover to parent to caretaker. Vita’s role here is distinct from other companions – such as Anne Lister and Katharine Loring – because of Virginia’s marriage to Leonard. Vita’s lived experience shows, then, that the female companion was someone who could provide more than a traditional relationship because of the way they transgressed gender roles and became more than just a female figure in the life of the hysteric.

The plurality of roles demonstrates the emotional toll that shaped Vita’s day-to-day life as a female companion. Like Anne Lister and Katharine Loring, she could not simply be a lover: instead, she had to take on various roles to ensure

\textsuperscript{119} Reid, \textit{Art and Affection: A Life of Virginia Woolf}, 320.
the well-being of her hysterical lover. For Vita, this meant constantly checking in on Virginia, as well as becoming a pseudo-parent for Virginia. What this suggests is that female companions had a greater responsibility placed on them as to fill all these roles in the nineteenth and twentieth centuries in England. This highlights the importance of the female companion in the life of the hysterical. The multitude of roles taken on was a measure to ensure overall well-being that heteronormative relationships could not provide. Additionally, acknowledging the burden allows for a recognition of the energy female companions exerted in the care of their loved ones to keep their hysteria stable. Throughout time, they consistently combined treatments and worked outside of medical discourse to look for a cure.

“**A fire with which I have no wish to play…**”

Alongside the task of taking on a plurality of roles in Virginia Woolf’s life, Vita Sackville-West also had to grapple with internal and external fears regarding Woolf’s hysteria. With the companionship strengthening, Leonard Woolf’s concerns that Sackville-West stirred up too much excitement in Woolf to do her any good became more apparent. Virginia Woolf wrote in her diary that Leonard would “shut up” and become “caustic” whenever Sackville-West was around.¹²⁰ Sackville-West also heard concerns from her husband, Harold Nicolson. In a May 1926 letter, he wrote: “I do hope that Virginia is not going to be a muddle! It is like smoking over a petrol tank!”¹²¹ Here, the image of an explosion about to happen signifies the fear Harold had for Sackville-West as a

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companion to Woolf. He worried that the companionship would not end well for the women, as both were dangerous when put together. These opinions speak to a greater ideology of a female companion doing more harm than good that was prevalent among family members of the hysteric and the healthy companion.¹²² Sackville-West’s reality was distinct from Anne Lister and Katharine Loring’s because of her status as a wife, which adds another layer to whose fears female companions had to deal with in England in the nineteenth and twentieth centuries.

Part of the reasoning for Leonard and Harold’s fear could be because the causes and exacerbations of hysteria were unknown. The deeper truth, however, lies in how this ambiguity allowed for criticism of the healthy female companion. As seen with the companionships of Anne Lister/Ann Walker and Katharine Loring/Alice James, family members of the hysteric tended to focus on the negative aspects of the relationship. In doing so, however, they neglected to see the benefits of the companion because of the plurality of roles they took on. While Vita may have excited Virginia, she also helped her, which was done while facing societal fears that she made Virginia worse.

The fear from family members adds another layer to the realities female companions faced in England at the time. They not only had to contend with their own feelings towards the women they loved, but they also had to deal with outside opinions and concerns about the level of intimacy they undertook as a companion. The attitudes from Leonard and Harold, who knew of the nature of

¹²² This was similar to the ways in which Anne Lister and Katharine Loring were treated by members of their companion’s family. Lister saw Ann Walker’s family accuse her of being manipulative, while Alice James’s brother Henry thought Loring did more harm than good.
the companionship, speaks to an internalized fear that sexual relations between women harmed the hysterical. It serves as a reminder that, even if family members approved of certain aspects of the companionship, an overarching fear remained that prevented outright approval of the relationship. This was a worry throughout the nineteenth and twentieth centuries, as the companionships of Anne Lister/Ann Walker and Katharine Loring/Alice James had to deal with this as well.

Fear from family members was not the only thing that shaped Vita’s lived experience, but her own worries as well. In a letter to her husband Harold, Vita dwelt on those worries when she wrote:

She makes me feel protective...I am scared to death of arousing physical feelings in her, because of the madness. I don’t know what effect it would have, you see; and that is a fire with which I have no wish to play...I have too much real affection and respect...I have gone to bed with her (twice) but that’s all...123

The letter that Vita penned reveals the emotional and physical toll she felt regarding Virginia. The notion of being “scared to death” of “the madness” draws on a deeper awareness of what Vita knew about Virginia’s madness.124 Vita emphasizes here the various barriers to their companionship. Unlike Anne Lister and Ann Walker - who regularly engaged in acts of sexual intimacy - Vita did not want to continuously cross that bridge with Virginia. Part of this could lie in the larger grasp of hysteria from the medical society. A common belief among physicians was that sexual activity with a hysterical “without a procreative aim was

123 Glendinning, *Vita: The Life of V. Sackville-West*, 165. While it would seem surprising that Vita openly discussed her extramarital affairs with Harold, one must understand that both of them had affairs while married and talked about them with one another as friends (“Sir Harold Nicolson,” *Britannica*, https://www.britannica.com/biography/Harold-Nicolson#ref222563).
124 When Vita first met Virginia, Harold had inquired “Did she look very mad?” (Glendinning, *Vita: The Life of V. Sackville-West*, 127.)
Thus, Vita being “scared to death” became a tactic to justify that sexual intimacy would not help cure Virginia’s hysteria because of its lack of procreative aim, a justification central to female companionships given the non-heteronormative status of their relationships.

The last sentence Vita wrote to Harold connects back to this notion of sexual intimacy. The acknowledgement of only going to bed with Virginia twice could be read as a reassurance not only to Harold, but to Vita herself. Amidst her own fear, Vita ventured to justify her own actions: going to bed with Virginia was an attempt by Vita to satisfy the desires of herself and Virginia. That she only did so twice and coupled the proclamation with “that’s all” evokes a sense of guilt over this satisfaction. Yes, she did explore a sexual relationship with Virginia as part of their companionship, but Vita stopped this level of intimacy because she did not want to trigger Virginia’s madness. With this, Vita emphasizes the balancing act female companions played with their own needs to help their hysterical companion. A balance developed between challenging medical discourse by engaging in non-procreative sex while avoiding going too far with it, a burden companions took on alone.

Alongside this discussion of sexual intimacy was Vita’s acknowledgement of “the fire” within Virginia that she did not fully comprehend. Vita enjoyed being in a relationship with Virginia, but with that enjoyment came a fear of the unknown. In Vita’s mind, she believed that she could potentially control Virginia’s “fire,” but not if she continued to engage in sexual intimacy. Although

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tasked with performing a plurality of roles as a companion, Vita drew the line after two instances of this additional role as an intimate lover. Vita could handle the emotional strain when Virginia wrote of her ailments and she could juggle the duties of being a parental figure and a lover for Virginia. What Vita did not want to be was the sole reason Virginia’s madness came back. Some of the theories of doctors at the time directly linked sexual intimacy to symptoms of hysteria: physicians such as Baker Brown believed hysteria came from an increased excitability of the “female generative organs”¹²⁶ Not playing with the fire, therefore, would allow Vita to relieve her own fears that she caused Virginia’s “madness.”

Vita’s fear of sparking madness in Virginia through sexual intimacy had her seek out other avenues of pleasure. While Vita continued to care for Virginia on an emotional level as a companion, she engaged in sexual relationships with other women, including her neighbor Mary Campbell and acquaintance Hilda Matheson.¹²⁷ The splitting of devotion – which was seen in different circumstances when Katharine Loring traveled away from Alice James to care for her sister - caused a reaction on the part of the hysterical. For Virginia, when she

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¹²⁶ Brown, On the Curability of Certain Forms of Insanity, Epilepsy, Catalepsy, and Hysteric in Females, 19. Others, such as George Savage, thought it was a symptom of a nervous disorder (George Savage, Insanity and Allied Neuroses, (London, 1884), 81). Similarly, symptoms ranged from being too sexually active to not enough sexual activity.

¹²⁷ Vita told Virginia about the relationship with Campbell in a “tearful confession” (Reid, Art and Affection: A Life of Virginia Woolf, 311.). Her relationship with Matheson was discovered when Vita went on a walking tour with her in France (Leaska, Granite and Rainbow: The Hidden Life of Virginia Woolf, 296).
heard news of the relationships, she went to bed with a “headache,” which was reminiscent of her low mental health periods.\textsuperscript{128}

The affairs - and Virginia’s reaction - provide insight into the challenges a healthy companion took care of in her everyday life. On the one hand, Vita continued to play the role of companion and caretaker, supporting Virginia by assuming traditional masculine and feminine traits. On the other hand, the fear of sexual relations setting off madness and hysteric episodes caused Vita to seek alternative relationships that let her satisfy her own sexual drive. The refusal to engage in sexual intimacies was not solely because it did not have a procreative aim. Indeed, the denial can be connected to the outright fear that Vita had of being the sole reason for Virginia’s madness. Unlike with Virginia, Vita did not fear contributing to a “madness” in the other women, as Mary and Hilda did not have past “fires” or incidents of madness. The vulnerability of Virginia, alongside Vita’s knowledge of her “madness,” in turn made it hard for Vita to want to venture into a sexual relationship with Virginia.

The refusal of Vita to have sexual intimacy with Virginia beyond the two times provides a glimpse into how fear impeded companionships in England in the nineteenth and twentieth centuries. Vita did not only have to worry about Leonard’s and Harold’s disapproval and fears, but her own qualms as well. The letter to Harold highlights how a medical condition such as hysteria impacted female companionships and left a sense of dread in the mind of the healthy

\textsuperscript{128} The sickness of the mind that prevailed Virginia after news of Vita’s infidelity reflects the ideology from Robert Brudenell Carter, who noted that a predominant feeling among hysterics could be that of “envy or discontent.” (Brudenell Carter, On the Pathology and Treatment of Hysteria, 52.)
companion. Because the medical discourse lacked a discussion of hysteria in non-heteronormative relationships, female companions had to rely on theories that focused on non-procreative sex as a cause of hysteria. This being the only form of sex in female companionships meant the healthy companion had to decide whether to challenge the discourse and engage in sexual intimacy. While some companions - such as Anne Lister - continued sexual intimacy, the stop by Vita demonstrates how fear of being the cause of madness could take hold of the sexual intimacy in the relationship.

The weight of fear and guilt forced the healthy companion to make decisions about how many expectations of her lover she could fulfill. Vita’s experience, then, serves as a reminder that, even if the female companion seemed invincible in their fulfillment of demands, outside voices - as well as internal - would make a difference in the feasibility of said requirements. While it is true that female companions did more than those in heteronormative relationships with hysterics because of the plurality of roles they took on, that did not mean they could do everything to help the hysterical.

The “racketing of Berlin”

Even as Vita took care of Virginia and balanced her duties and fears, her roles outside of the companionship led to periods of travel, sometimes without Virginia. These moments lent themselves to heightened fears about what separation from Vita would do to Virginia and her madness. Doctors often prescribed travel in the nineteenth and twentieth centuries – with its subsequent

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129 This dread can be interpreted both from the lack of understanding of hysteria, as well as fear stemming from sexual activity being “improper” because it was not procreative.
separation - because it provided a change of scenery and a chance to be away from anxious family members.\textsuperscript{130} The unique bond between female companions, however, meant that adopting this treatment for their own circumstances often failed.

As the wife of a diplomat, Vita traveled to live with Harold in Persia during the years 1926 and 1927. During these times, the letters Virginia sent to Vita reveal the strong emotional need for Vita to be physically present in Virginia’s life. In a letter from January 31 - February 2, 1926, Virginia Woolf wrote: “And I had to take a sleeping drought...It struck me then that part of my misery is not having you. Yes, I miss you, I miss you...And I haven’t said anything very much, or given you any notion of the terrific high waves, and the infernal deep gulfs, on which I mount and toss in a few days.”\textsuperscript{131}

This letter opens an understanding into Woolf’s mindset. The waves - and the notion of highs and lows - coincide with an awareness of hysteria by doctors such as Thomas Sydenham, who wrote of the propensity of hysterical patients to have moods that fluctuated between sad fore-bearings and daytime moods, with intervals of joy, hope and cheerfulness.\textsuperscript{132} Thus, the letter provides a glimpse into the mind of Woolf, to see how her symptoms and feelings aligned with the indicators given by doctors and physicians in England. It also reveals the helplessness Sackville-West felt as a companion. As she was across the continent,

\textsuperscript{130} Skultans, Madness and Morals: Ideas on Insanity in the Nineteenth Century, 234.
\textsuperscript{132} Veith, Hysteria: The History of a Disease, 142.
she could not do anything to physically be there for Woolf. She instead had to attempt to continue to support Woolf through letters as the healthy companion.

The way in which Virginia responded to Vita traveling continued to affect Vita’s own mindset. When Vita left for Persia for the second time, it was with a sense of dread: she told Harold that Virginia was unused to “emotional storms.” Indeed, the letters that Virginia wrote to Vita during this time of travel convey this dread. A letter from February 28, 1927, stated: “It gets worse steadily - your being away. All the sleeping draughts and the irritants have worn off, and I’m settling down to wanting you, doggedly, dismally, faithfully - I hope that pleases you. It’s damned unpleasant for me, I can assure you.”

Much like the first time Vita goes to Persia, the letters that Virginia wrote to Vita allows for a glimpse into the mindsets of both women. The mention of sleeping draughts wearing off, which made Virginia want Vita, suggests the medicinal treatments that Virginia took part in to take care of her “emotional storm” now that her companion was gone. That Virginia did not go to Leonard hints at Vita being the only person who truly could help her because of the distinct role she played as a companion: Leonard did not provide the emotional support and comfort that Virginia needed to handle the waves.

While reading the letters against the grain, Virginia’s own experience becomes apparent, as well as the path Vita had to navigate as they spent time apart from one another. The letters were written by Virginia while Vita was not

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133 Glendinning, Vita: The Life of V. Sackville-West, 168.  
within a reasonable traveling distance: that Virginia was mentioning her “waves” of emotions made the distance that much harder for Vita to handle. An attempt to comfort the hysterical lover through writing alone was a near impossible task, especially when, as a female companion, you already took on so many roles in their life. Thus, the letters provide an opportunity to explore the emotional strain that was put on Vita. Like Katharine Loring, Vita had to work to fulfill other duties in her own family while also working to get her hysterical lover out of her madness.

One travel event that highlights the distress Vita encountered was when Virginia came to visit her in Berlin in 1929. What was meant to be a visit with friends and family - husband Leonard and sister Vanessa joined Virginia in the adventure - instead left Virginia bedridden as an invalid for two weeks after she returned to London. During this time, the one person that Virginia remained in constant communication with was Vita.

Within these letters, Sackville-West’s own perception of Woolf’s hysteria and the impact of the trip becomes clear in their back and forth discussions. The letters also reveal how the external and internal fears did not fade away with separation. In one letter, Woolf wrote that her doctor and Leonard blamed her exhaustion on the time spent with Sackville-West: “But of course, the Dr and Leonard say it’s all the Berlin racketing…” In drawing on Leonard’s fears

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136 Sackville-West was still in Berlin with Harold. (Leaska, *Granite and Rainbow: The Hidden Life of Virginia Woolf*, 290).
137 Leaska, *Granite and Rainbow: The Hidden Life of Virginia Woolf*, 290-91. This contributes to the fear from Leonard that I examined earlier that Vita would do more harm than good.
about the effect Sackville-West had on Woolf, it is not surprising that she came to be at fault for Woolf’s hysterical episode. She was the one who organized the travel and brought Woolf to Berlin. Thus, in the eyes of outsiders, anything that did not lead to a healthier Woolf was Sackville-West’s fault.

Vita did not allow, however, for the blame to rest solely on herself. Much as she suppressed her sexual desires towards Virginia, Vita abstained from being the cause of hysteria by writing back: “I can’t believe it’s the ‘racketing’ of Berlin; really, you might have spent every night for a week til 5 in the morning indulging in orgies...Do you know what I believe it was, apart from ‘flu?’ It was SUPPRESSED RANDINESS.”

Once again, the few sentences from Vita warrant a deeper recognition of the lived experience of a female companion whose lover was hysterical. For one thing, Vita made sure to lay some of the blame on Virginia herself. She also ventured to make it clear that the travel was not the cause. She reminded Virginia that the cause of her madness and exhaustion lied within the activities she partook in. In doing so, Vita countered the notion of herself being solely to blame for the circumstance of nervous exhaustion that Virginia found herself in. Vita was aware of how unsteady Virginia was regarding her madness. In attempting to absolve herself here, Vita nonetheless reveals her own fears and guilt by the vehemence in which she placed blame on Virginia for her own setback.

Additionally, the words “SUPPRESSED RANDINESS” reflect how Sackville-West may have responded to the ideology of doctors regarding hysteria.

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Sackville-West circles back to the idea that Woolf’s repression of sexual desires was a reason for her hysteria, a symptom that emerged in the medical treatises on hysteria in England. It demonstrates an understanding she had of what could cause Woolf’s “nervous exhaustions.” In laying the burden of Woolf’s hysteria on Woolf herself, Sackville-West makes clear that she was not entirely at fault, as she saw the opportunity to travel with Woolf as a chance to cure her hysteria. Therefore, she did not sit back when Woolf sought to place blame on her. Instead, Sackville-West took on a masculine role by being a doer and stating exactly how she felt while also utilizing medical knowledge for her own benefit. Doing so proves the influence of medical discourse in society, how the symptoms of hysteria were known outside of the scientific community.

By exploring the travel of Vita within the larger context of her lived experience as a companion, we can acknowledge the ways in which female companions tackled controlling their own fears and duties while being separated from a companion. Even with a physical separation, the role of having to be a companion did not go away, nor do the tolls and fears that were present at home in England. In fact, it can be argued that the hardships became elevated in Vita’s case because of the concern that she could not just go and be with Virginia. Female companions faced this burden alone because the knowledge of what they truly meant to the hysteric was only known between the two women.

And even when travel was done together, the fear of any hysterical slip-ups being blamed on Vita left her to take any opportunities she could to absolve herself from being at fault. The pushback from Vita regarding Virginia’s claims
of her being at fault demonstrates the imperfectness of female companions. Even as the hysterical saw them as a provider and comfort, obstacles appeared that made it hard to continuously perform these tasks. There would be times where anger instead of comfort appeared as a way to combat frustrations. This, in turn, demonstrates the lengths companions would go to in ensuring that their actions were not the only ones to have consequences, letting the hysterical lover know when their actions were at fault as well. Exploring this history allows us to gain a deeper perception of the struggles of dealing with hysterical episodes in non-heteronormative relationships that are not discussed in the medical discourse of the nineteenth and twentieth centuries.

**A Companion to the End**

The companionship of Vita and Virginia - and Vita’s lived experience - features the distinct reality of being a female companion to a hysterical partner. As a companion, even with the undue onus of taking on a plurality of roles, Vita stayed by Virginia’s side. She was there even when fears that she was to blame for Virginia’s hysteria were present among family members. She was there for Virginia even through her own affairs. With all the highs and lows of the relationship, what then can be said for why Vita continued to be Virginia’s companion until Virginia’s suicide in 1941?

The companionship continued because the emotional tie between Vita and Virginia was stronger than the exasperation Vita felt as a companion. In a letter she wrote to Virginia, she said: “But look here, remember and believe that you
mean something absolutely vital to me.”¹³⁹ The emotional intimacy of meaning “something absolutely vital to me” reveals the actuality of Vita’s lived experience. Yes, being the healthy companion placed an undue amount of stress on Vita. But within the rockiness emerged the understanding that her relationship with Virginia meant something. At a time when the role of women was changing in England - especially in the post-World War I era - having someone that accepted and loved you and gave you more than a heteronormative relationship was important.

The emotional bond between the female companions in the nineteenth and twentieth centuries in England allowed for their relationships to continue until death. For Vita, because of the plurality of roles she played in Virginia’s life, their bond was different from a heteronormative relationship, which in turn let her exist as an important person for Virginia for the rest of her life. Vita was there until the end because she loved Virginia and she knew her role as a companion was not over when the sexual desire died. Her role as a companion was critical during periods of hysteria because it was multifaceted and granted Vita the opportunity to mean so much to Virginia. Despite criticism from family members, Vita was there for Virginia through thick and thin, from consoling her to getting her out of her low moods: she was the everlasting force that was so vital to the well-being of Virginia. This everlasting bond is exclusive to female companions and their hysteric lovers in England in the nineteenth and twentieth centuries, encapsulating the importance of acknowledging and unearthing this history.

Chapter 4: Conclusion

Although the lives of Anne Lister/Ann Walker, Katharine Loring/Alice James and Vita Sackville-West/Virginia Woolf have been the object of frequent study, their stories of hysteria have not been examined together. And even when one considers the hysteria of Ann Walker, Alice James, and Virginia Woolf, it is without consideration of the female companions who took care of them. My work, therefore, allows for a realization of what hysteria meant beyond the medical discourse that focused on the symptoms without necessarily considering the reality beyond the textbook. The lives and writings of these three female companions provides an outlook on hysteria that delves into how someone who had a hysteric loved one handled the diagnosis and attempted to find a “cure.” Through this, one gains a deeper understanding of what the age of hysteria looked like in the nineteenth and twentieth centuries in England.

Additionally, in rereading letters and journals from these women (oftentimes against the grain), it demonstrates how the lives of female companions living with a hysteric differed from the average person living with a hysteric in England in the nineteenth and twentieth centuries. These women, who embodied masculine, feminine and parental roles, took on a plethora of duties in caring for their hysteric partner that normally were done by a multitude of people. Because of their role as a companion - a non-heteronormative relation - female companions oftentimes had to grapple with fear from family members who believed that they were the reason the loved one was hysteric. These fears, which female companions internalized, emphasize the lack of acknowledgement of the
benefits of the female companion, as well as the deep uncertainty surrounding a
diagnosis of hysteria. Finally, the female companion differed from other
caretakers in the lengths she went to in protecting and curing the hysteric: in all
three instances I explored, the companionships ended with the death of one of the
women rather than a complete separation while both women are alive. Thus, the
companionship never had a set ending; rather, it remained because of the bond
between the women until death. This also demonstrates the discernment between
the two women that the healthy companion did more good than harm for the
hysteric’s overall health and so she would be there for the hysteric until she no
longer could be.

The groundwork I lay in these chapters is merely a starting point for a
greater research of the lived experience of dealing with hysteria for those who did
not conform to heteronormative roles. More particularly, I investigated both the
hysteric, as well as the companion who took care of her, people who are often
neglected in the historiographies of hysteria. But, in order to get a grasp on the
lives of those who cared for hystérics, an analysis of male companions - both to
men and women - needs to happen. A potential snag, however, may lie in the laws
against male homosexuals in England, specifically the Labouchere
Amendment.\textsuperscript{140} Therefore, in exploring the concept of male companions, an out-
of-the-box investigation of where these companionships could take place needs to

\textsuperscript{140} While sodomy had been criminalized in England since 1533, the Labouchere Amendment, enacted in 1885, stated that “Any male person who in public or private commits or is a party to the
commission of or procures of attempts to procure the commission by any male person of any act
of gross indecency with another male person shall be guilty of a misdemeanor…” (Caryn
Neumann, “The Labouchere Amendment (1885-1967),”
happen. The companionships may have resembled a lifelong friendship, like that of Katharine Loring and Alice James. Even without a sexual relation, Loring still was a female companion who cared for Alice, making her story as important in this history as the relations between Anne Lister/Ann Walker and Vita Sackville-West/Virginia Woolf.

Another avenue for research is the phenomenon of female companions beyond England in the nineteenth and twentieth centuries. Some potential countries to study would be the United States, France, and Germany, as these are places where physicians published widely on hysteria. The importance of conducting a country-by-country investigation is that it would grant an exploration into whether the lived experience of a female companion changed because of where they lived. It also would grant space for an analysis of how traditional gender roles differed by country and how that impacted fears surrounding female companions.

My research also opens questions about hysteria in subsequent years. While hysteria is no longer a formally studied disorder, that does not mean that nineteenth and twentieth century societal attitudes that equated hysteria to women have gone away.\(^{141}\) This is evident in recent years, where discussions of Women’s March participants talked about them flying into “hysterics and tantrums.”\(^{142}\) The importance, then, of assessing hysteria within a modern context is that it would


allow for an examination of shifts in the care of “hysterics” since the nineteenth and twentieth centuries. One possible way to do this would be to see which women have been labeled as hysteric. From there, I would ask how their behaviors compare/contrast to those of women such as Anne Walker? This would mean a study of how many of these women live non-traditional lives. I think this would be interesting to research given the spectrum of gender expression in today’s modern world compared to the 1800s. The female companionships I researched can provide a stepping off point to analyzing whether non-heteronormative behaviors and relationships were more likely to be believed as an expression of hysteria.

Another way one can explore this is to see the ways in which fear of hysteria changes overtime. I demonstrate in my work that family members were preoccupied by thoughts of whether the female companion helped or harmed the hysteric. As hysteria arises in modern events when talking about mass panic, I believe there could be a possible outlet to discuss how the fear went from worrying about an individual to worrying about a larger community. How, then, does the concern going from one to many impact societal attitudes towards women if they are deemed hysteric? Are there attempts to enforce heteronormative behaviors writ large rather than on a familial level? If so, why - and how - does this change occur?

The lives of Alice Lister, Ann Walker, Katharine Loring, Alice James, Vita Sackville-West, and Virginia Woolf are more than just the lives of women in the nineteenth and twentieth centuries. While some of their names are more
recognizable than others, they all provide insights into the lived experiences of female companions in the age of hysteria. Their journals and letters support an exploration into the ways in which the lives of these women are different than others around them. But it also grants us the opportunity to get a more developed history of hysteria, one that includes the ordeals of those who took care of hysterics while being in non-traditional relationships. It allows for one to recognize the importance of female companions in the lives of hysterics. And it opens up further discussions about how those in non-heteronormative relationships may have felt the impact of hysteria, as well as what shifts can be seen in the interpretation of hysteria in the modern age. The names of Anne Lister, Katharine Loring and Vita Sackville-West may have already been known in history: the examination of their time as female companions, however, proves how extraordinary these women were in their care of Ann Walker, Alice James, and Virginia Woolf. These were transgressive, multifaceted women who deserve all aspects of their lives, including that of their role as female companions, to be remembered in history.
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