

Long Time Gone

**A daughter plumbs the mystery
of her mother's suicide in 1963**

MY SON CORY ASKED ME AS A PRACTICAL FIVE-YEAR-old whether only my mother's bones were buried or if her head was buried as well. My daughter Lila, a first-grader then, wanted to know whether my mother was still wearing clothes. I told them somewhat irreverently that she was dirt in a box. I was uncomfortable saying that my mother had gone to heaven and mumbled something about love lasting longer than death. I was not sure how to explain her death to myself, let alone to them.

When Lila was 13, she asked me, clearly scared of what my answer might be: "Would *you* ever kill yourself?" I assured her that I would never commit suicide and besides, I told her, giving her a hug, I wanted to stick around to see who she would become. I didn't want her to hesitate to rely on me whenever she needed to. I didn't want her to fear that I would leave her. Yet her intuitive worry was not unfounded; the child of a parent who has committed suicide is five times more likely to kill herself than a child who is not exposed to this loss.

BY NANCY RAPPAPORT, '88
ILLUSTRATION BY LUBA LUKOVA



Psychiatrists have studied what can seem like the Russian roulette of familial suicide, an ominous pattern of suicide occurring from one generation to the next called “intergenerational transmission.” So far, researchers have demonstrated that children who have lost a parent to suicide are at greater risk of killing themselves if they have a mood disorder, engage in substance abuse, are “impulsively aggressive” or are exposed to intense conflicts in the family. Still unclear is the mechanism by which a parent’s suicide increases the risk for these children. But losing a parent this way is also not a prophetic death sentence; it takes a lot of damage to lose the will to live.

When I met people as I was growing up, all the way to medical school interviews, if I told them that my mother died when I was four, they were curious about how she died—the question was irresistible. Most people seemed relieved when I said barbiturates, as if death and sleep are siblings. People wanted to know *why* and what was the *cause*. Such questions are usually edged with the fear that premature death, especially a self-inflicted death, might somehow be contagious. *Why would she kill herself?* becomes *What does this mean about you?* Somehow, confessing that my mother committed suicide felt incriminating: proof that my mother’s life was out of control. I worried that they would mistakenly assume I somehow played a part in that.

Over the years my father and I have had only brief, difficult conversations about my mother’s death. Reluctantly, he offered the occasional explanation. When I was younger, he would imply that my mother became depressed after my birth. “She lost all interest in the children after you were born,” he would say with resignation. I was, after all, their sixth child in eight years.

I was mystified how that might have played out in our family, and I asked my father whether he thought she had postpartum depression (PPD). He replied that he would not have known what PPD was, and he just noted that she was lethargic after I was born. In his words, “I can’t describe to you what I didn’t understand.” PPD, which

occurs in 10 percent of new mothers, is not just the “baby blues,” the exhaustion that comes from sleepless nights and a crying baby; rather, this black mood is incapacitating, derailing a mother’s ability to care for her baby or even herself. Some women seem agitated and anxious, while others can barely move. The causes of this debilitating but treatable condition are multiple—changes in brain chemistry and hormones, and emotional upheaval.

My father’s suggestion that my mother was suffering is understandable. Seeing her as depressed and lethargic would justify his efforts to seek and maintain custody [after their divorce]. By keeping her away from us, he might even be regarded by his children as the protector. “What if she decided to kill herself, and you were all there?” he has asked me. My father’s observation ... felt aggressive and hurtful. It left me feeling guilty, as if

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—NANCY RAPPAPORT



he were saying that had I not been born, she would not have died.

Yet after my birth, my mother was active in many volunteer projects. She was attentive about my siblings’ education. She bathed and fed us. She threw parties and juggled social engagements. Though it’s possible that she was quite skilled at hiding her depression, my mother’s friends talk about her as someone who was genuinely enthusiastic about her many activities planned right after my birth. Mothers with postpartum depression are often withdrawn.

A secure mother-child bond is created when a mother provides her baby with the

comforting rhythms of feeding, sleep and an organized home. Without that gentle sense of order, children may have difficulty managing their emotions, lack self-control and lose confidence in their likeability. Either I have a very active imagination, or my mother must have been able to keep her sadness at bay long enough to nurture me as a baby.

My father has also suggested that my mother took on too many responsibilities, and I suspected as a child that it was this overwhelming combination that somehow killed her. She was, he has said, a woman ahead of her time, balancing children, a public career and political aspirations. The year before I was born, a local paper reported on my mother’s lead role in community organizations. The reporter depicted a high-energy, focused woman eager to embrace many challenges. As chairman of the United

Fund she “supervise[d] 7,000 people and organize[d] an educational program of shows, demonstrative one-act plays about soliciting, training plus making speeches and outlining a routine for administrative aides within my scope.”

My mother revealed that the “secret of her success” was her ability to organize “right to the last minute” and that she took care of a “big, old house, eight big appetites (hers included),” attended five children “with the children born about every year,” the eldest being six, fulfilled various civic and collegiate organizational jobs, and followed a “demanding but fun” social schedule of “two nights out a week and parties once a month.” She acknowledged her mother’s help and admitted that she was willing to delegate the jobs that she didn’t like (“Mother is a big help, of course, as mothers always are. And I will admit that I have a woman to do housework, which I abhor. However, no one takes over the kitchen. I do the cooking and I administer all the work, even when it comes to a party for 200 at holiday time.”)

In the photograph accompanying [the newspaper] article, my mother is kneeling on the floor, wearing a tweed suit and knitting on circular needles. She has a telephone cradled on her shoulder and papers

organized in neat stacks on the floor—she is an idealized portrait of the changing status of women. The article, I realized when I first found it, could have been an early publicity effort in advance of her campaign for the Boston School Committee. Even though this picture captures the outward appearance of a productive, multi-tasking woman, I am still left wondering if she also had an underlying vulnerability to sadness.

Over the years, I have investigated the life history of my mother, looking for any clue to figure out more about who she was. I found a report card that my mother saved from first grade, in which the teacher's comments portray a boisterous, bright, popular and sometimes exasperating child:

Nancy knows a good many words and has a good accent, but is sometimes too sure of herself and does not listen carefully . . . She has a marvelous fund of general information, a real interest, and an insatiable desire to find out more about the subject she is interested in . . . Nancy's idea of a grand time is to start some kind of an argument with her friends. I have tried every method I can think of to give her another point of view. The most successful has been to give her responsibility. She is then very polite and thoughtful . . . She is an unusually gifted child and intellectually she will be able to do very fine work."

I found a picture of her at about seven years of age with her arm hung casually around [her younger sister] Judy's shoulder. The sisters are standing on brick steps in front of a large house. My mother is a good foot taller than Judy and looks protective and self-assured. They are pressed against each other with a casual intimacy and smiling in a conspiratorial way, as if they are used to getting into mischief together. It is the only photograph I have that shows them together, and I stare at it with morbid fascination, knowing something they were unaware of when this picture was snapped: that they will be abruptly, brutally separated.

A year later, over the winter, her sister drowned. There are no other school reports to reveal how this might have dampened my mother's spirit.



Getting to Yes

IN HER ROLE AS DIRECTOR OF SCHOOL PROGRAMS IN CHILD PSYCHIATRY AT THE Cambridge (Mass.) Health Alliance, Dr. Nancy Rappaport, '88, has an impressive reach. She supervises health centers situated within public schools in the Boston-area cities of Cambridge, Everett and Somerville. Each center is typically staffed with a school nurse, a nurse practitioner, a social worker and a part-time psychologist—people who are ready and waiting to assist troubled kids in pain.

The child may be a kindergartner who rips pictures from the wall and kicks the teacher before dashing from the room, or a sullen teen who sits glowering in a chair and won't respond to any question. "Teens don't always let you in," admits Rappaport, who has been doing this sort of work for the past 18 years, "but I have a fair amount of endurance and a lot of hope."

Her job is to tease out what the issues are in each case, then to work to remove these psychological roadblocks and get teachers and their students back on track. Depression, substance abuse, eating disorders, cultural dislocations and stressful family dynamics are all part of the shadowy backdrop.

In an odd way, her mother's suicide prepared her for the role of therapist, Rappaport suggests. By surviving her childhood—and more than that, by mastering its challenges in the absence of a mom—she gained an iron belief in other people's resilience and the power of caring to help them. The quality of her listening is a subdued gift of those early hard times. "When I have a kid who comes in to see me, without me even saying anything about my own life," Rappaport says, "I feel, yes, we're going to work this out together."

—BRUCE MORGAN

LOCKED IN THE CAR

I can only imagine how my mother reacted to her sister's death. Indeed, we often wish we could uncover the deep feelings of a family member who cannot share the memories. At the time of my aunt's drowning, [my grandmother] Edith was reported to be in town socializing or, more likely, drinking. My mother may have been the only witness to her sister's drowning—although no one has told me where she was at the time. I wonder if my mother was taking a nap while her sister wandered outside to explore her new home.

Once my mother realized that a police search was under way, I can only imagine how much she hoped they would find Judy somehow safe and how terrified she felt when they did not. I hope that she had her eyes covered when the police recovered her dead sister's limp body. I wonder who comforted her. When a child dies accidentally, usually someone feels blamed. Did my mother feel terrible that she did not hear her sister's cry for help?

When I learned about Judy's death, I began to wonder how this may have influenced my grandmother as well. Ed English [an old family friend] told me that my grandmother's best friend, Sylvia Fox Finn—who played Scrabble with her every night until two in the morning for 15 years—was still alive. I tracked her down. Eighty-nine years old at the time we met, Sylvia told me that Edith never said anything about Judy's drowning during all those long nights of Scrabble. Her mourning had no words, and Sylvia didn't pry. Yet my grandmother's dying wish was to be buried next to her dead baby rather than with her other daughter, my mother, who had killed herself.

Sylvia noted that Edith and my mother never socialized together in my mother's adult years, and that they did not share any "mother-daughter warmth." Sylvia thought that Judy's death "colored Nancy's life," that "Nancy always felt that she herself was to blame," and that [her father] Jim and Edith "ignored Nancy and wallowed in their own grief." I believe that when my mother lost her sister, she was forced to grieve the absence of a distracted mother as well, and never learned how to cope with overwhelming sadness. She absorbed her mother's grief.

Did my mother and I both grow up with the same pervasive sense of guilt that we should have saved someone close to us? My mother's friend, Patsy Goldfine, told me that my grandmother blamed my mother for Judy's death and would lament, "Why couldn't it have been you?"

"What kind of a mother would say this to her daughter?" Patsy asked indignantly. But I know from the families I have seen in my work that there is no escape from the torment brought on by the death of a child. Many parents are not able to return to normal life, and they become clinically depressed, regardless of whether there is a reasonable connection between a child's death and parental care. Parents feel responsible; they will distort facts to punish themselves and, sometimes, those around them as well.

My mother left only a cryptic adult journal entry about growing up with her mother. Her reticence is curious to me:

I haven't tried to talk to my mother since I asked her to point out the road to school the day I went to the first grade. We had always lived together as intimate strangers. We knew all about each other's activities and food and entertainment preferences but never talked to one another about anything [that] either considered important. We had never trusted each other; we did not even particularly like each other. Now when I was in trouble, she could not try for a new solace in a relationship that existed only by habit. No one could explain my mother's antagonism.

My mother sounds resigned, accustomed to not expecting much comfort from an "intimate stranger." Perhaps her precocious cocky reassurance was a cover for feeling so forlorn. She would need to find her own way.

Edith drank throughout my mother's childhood and early adulthood. She was a surreptitious alcoholic—sneaking drinks whenever possible. And as soon as my mother walking into Edith's house, she could tell that her mother had been drinking, as children of alcoholics can always tell. According to my father, my mother would fly into a rage, digging behind couches to find hidden vodka bottles.

In Edith's later years, my father demanded



that she quit if she ever wanted to see her grandchildren again, and he paid for her hospitalization. After she stopped drinking, she sold her house and moved in with my parents and her grandchildren. My father says she was helpful with all of us, and the Quail Street house was big enough to absorb a helpful mother-in-law. According to one of Edith's close companions, she reformed at age 55. Her drink of choice became dark coffee with two ice cubes.

My grandfather's drinking and response to Judy's death are less clear. Early in his life, Young Jim was a heavy drinker. A family friend tells me that Jim and Edith would lock my mother in their car while they made the rounds of local bars. My sister Amy remembers that my mother told her Jim quit drinking the day Judy drowned. My father says otherwise.

My mother was left to fend for herself when her parents were drinking. In his memoir *Dead Reckoning*, psychologist David Treadway describes the devastating impact of his alcoholic mother's suicide and the parallels with the families whom he treats. He describes how children learn to steer clear of their intoxicated parents,



Left: The author's mother as an idealized multi-tasker in the *Boston Evening American*. **Above:** A Rappaport family portrait on the couch in 1961: Dad, Jerry (on lap), Martha, Mama, Jim, and Grandmother Edith holding the author. In front: Judy and Amy.

as they can be explosive and unpredictable. Children of alcoholics often assume they are the ones responsible for a parent's drinking and become scared, angry and confused. He warns that "children survive growing up in an alcoholic family by learning to distrust others, becoming self-sufficient, blocking out their feelings and becoming rigidly attached to roles that give them a sense of their place and identity within the family."

Too often, children learn to minimize the damage, a temporary survival skill that can allow them to conceal their anxiety and look disarmingly precocious and self-sufficient. In actuality, however, they may be on constant alert, bracing themselves for their parents' unexpected oscillations between ephemeral euphoria and brittle temper outbursts. As adaptive heroes, they may fiercely guard their terrible secret and stubbornly learn how to get by on very little support from their parents, resigned to the false idea that they are not entitled to anything better. They may console themselves that when they grow up it will be different because they will escape the chaos, but they may secretly harbor the fear that things will never change.

Once her sister died, my mother had no

one who might keep her company in the car when her parents went drinking; she no longer had another witness or someone for whom she stayed looking invincible even when she was afraid inside.

As addiction research has shown, children of alcoholics are more likely than those of nondrinkers to be addicted themselves and often have underlying illnesses, especially mood disorders. They drink at an early age and quickly escalate how much they drink. My mother may not have been an alcoholic, but I have learned that she was addicted to sleeping pills. Addiction ups the ante, increasing people's susceptibility to suicide because they are more likely to act impulsively.

THE APPARENT VOID

Sisters and brothers provide scaffolding for our emerging sense of who we are. Roughhousing, teasing, playing dress-up, feelings of jealousy and affection, and countless negotiations all yield a sense of mastery and confidence. When a sibling dies, brothers and sisters miss sharing their lives and the security this brings. Many bereaved siblings believe that the death of a brother or sister has irrevocably changed their lives. They often

feel more vulnerable to illness and experience survivor's guilt. They are uneasy—unsettled by the disconcerting belief that they should have been the one to die. Surviving brothers and sisters are often melancholy during family celebrations and sometimes have difficulty concentrating.

Healing occurs when family members comfort each other, when children are allowed to grieve in their own ways and share memories with their loved ones. Lacking comfort in her parents' house, my mother as a young girl was alone with her thoughts, her possible guilt, her questions.

I do not want to share the same kind of distance with my children, the shadow of unexplored grief. Rather than burdening my children with my bereavement, I want to let them see how I deal with the painful longing for lost family without depriving them of my presence. I don't want to be overly nostalgic about my mother. I don't want the upheaval from my loss to undermine how I connect with my children; rather, I want to find strength in understanding.

My children have watched me as I have tried to understand who my mother was, knowing that I write "letters to Mama" that are my way of telling my mother who I am and who my children are becoming. I try to penetrate the incomprehensible mystery of her death and to somehow show them our enduring connection to those we love. Cory, ever the concrete thinker, once asked me where I was sending the letters. Lila said that maybe in my dreams my mother would write back.

Sometimes, I peer into an apparent void, a one-way dialogue with too much room for projection. My family history gives me a fragmented and sanitized view of my mother. I often feel as if I am figuratively tugging on her apron strings, pleading for something more, starved for a tasty morsel that will satiate my desire to know her in a way that is intimate and familiar. **TW**

Excerpted with permission from In Her Wake: A Child Psychiatrist Explores the Mystery of Her Mother's Suicide (Basic Books, 2009). The author is an assistant professor of psychiatry at Harvard Medical School and director of school-based programs in child psychiatry at the Cambridge Health Alliance.