Survive & Thrive: A Journal for Medical Humanities and Narrative as Medicine

Volume 1 | Issue 1 Article 8

2014

On Narrative Collapse: Dementia, Depression, and the Significance of Narrative Resources

Amy E. Robillard

Illinois State University, aerobil@ilstu.edu

Follow this and additional works at: https://repository.stcloudstate.edu/survive thrive

Recommended Citation

Robillard, Amy E. (2014) "On Narrative Collapse: Dementia, Depression, and the Significance of Narrative Resources," *Survive & Thrive: A Journal for Medical Humanities and Narrative as Medicine*: Vol. 1 : Iss. 1 , Article 8.

Available at: https://repository.stcloudstate.edu/survive_thrive/vol1/iss1/8

This Article is brought to you for free and open access by the Repository at St. Cloud State. It has been accepted for inclusion in Survive & Thrive: A Journal for Medical Humanities and Narrative as Medicine by an authorized editor of the Repository at St. Cloud State. For more information, please contact rswexelbaum@stcloudstate.edu.

On Narrative Collapse: Dementia, Depression, and the Significance of Narrative Resources

Cover Page Footnote

Meg Gregory and Gretchen Frank first prompted me to think about collapse in connection with English Studies; for this I am grateful. I am grateful as well to the many essayists whose work functions for me as invaluable narrative resources. More than anything, though, I thank my brother, Tim Robillard, for the bottomless care he has shown our mother in the last three years,

On Narrative Collapse: Dementia, Depression, and the Significance of Narrative Resources

Perhaps everything terrible is in its deepest being something helpless that wants help from us.

—Rilke, qtd in Martha Manning, *Undercurrents*

Each of us has a creation tale—how we came into the world. And I'll add this: Each of us has an uncreation tale—how our lives come apart. That which undoes us. Sooner or later, it will claim you. Mark you. More than your creation.

—Michael Hainey, After Visiting

Friends

In the last month and a half, my husband and I have put together four bookcases, a TV stand, a garden bench, a kitchen table and two chairs, and a DVD case shaped like a small British phone booth. At the completion of each item, I felt a sense of accomplishment despite the small defects only we would know about. The extra hole in the wall above the bookcase, the crooked top shelf of the corner bookcase, the missing center support underneath the TV stand. Those defects didn't matter because nobody else would see them and they weren't—with perhaps the exception of the center support underneath the TV stand—central to the structure's integrity. The invisible defects wouldn't result in the structures' collapse.

The reason for all of this putting together is that my husband and I recently moved into a new house. We're building a life as we put together the furniture that will hold our books and our television, our DVDs and our book bags and our breakfasts. We're putting together the structures that will hold the stories that matter to us, the stories that serve as narrative resources for the stories of our own lives. And as we decide which stories to put where, we're also deciding how to arrange the stories we'll tell about ourselves, about our lives together in this home. We're building a new story out of the stories we love.

For years now, I've counseled graduate students that the best way to demonstrate that they have something important to add to a scholarly discussion is to carve open a research space, identify a gap in the conversation, and make a case for how their contribution can begin to fill that gap. You must first listen ("read") to what others have said about the subject before you can, with any authority, say anything yourself. In recent years, as I've become increasingly interested in the scholarship of life writing, I've come to think differently about what it means to make a contribution to the conversation. The work involved in telling your own story is a bit different in that it's largely about coming to see

your own experience through the experiences of others, of coming to understand that other people's stories are resources for your own, not ones to write against but ones to write with.

The field of rhetoric and composition works within and against a long tradition of treating narrative, life writing, anything personal with suspicion. My goal in this essay is not to challenge that tradition by repeating the conversation and offering a response; this no longer seems to me like work worth doing. I want to abandon, if I can, the scholarly stance Eve Kosofsky Sedgwick calls paranoia, one in which "Even the blandest (or bluffest) 'scholarly work' fears getting into trouble,' including trouble 'with the adversaries whose particular attacks it keeps anticipating'" (quoting D.A. Miller 131). I want instead to draw on the work being done in illness narrative to both argue for and demonstrate the possibilities accompanying a conception of narrative as something that is put together and so something that can fall apart. I want to think on paper about the consequences of narrative collapse, but not just any narrative collapse. I want to think through the ways in which my mother's cognitive decline has impacted both her life narrative and my own. Just as a building collapse affects the structures surrounding it, so too does a narrative collapse affect the structures surrounding it: the narratives that have used it as a resource for their own.

I want to emphasize here at the outset that I write this essay with the hope that it will be read *as* a narrative resource for others; I hope to encourage what Ann Jurecic calls "ordinary motives for reading and writing." Drawing on Sedgwick's work, Jurecic points to the prescriptive nature of distrusting any text which lays claim to representing experience. She writes,

Before a contemporary critic begins to read an autobiography about cancer or pain, she knows that it has been constructed by medical discourse and political, economic, and cultural forces. She also knows that common readers are likely to misread it because they will assume they can try on the experience of the author and that they will therefore succumb to the myriad powers of dominant discourse. She is also likely to assume that the narrative itself is not as sophisticated or knowing as the theory she uses to interpret it. Such a suspicious critical position is not necessarily wrong, but it is incomplete. Literary critics' disdain for or disinterest in illness memoirs suggests, above all, that contemporary critics have become alienated from ordinary motives for reading and writing.

Of course we can have no direct access to any person's experience. This is why we have narrative. This is why we theorize narrative. The stories we tell are the stories we've been persuaded are worth telling and worth hearing. And we're usually affirmed in our choices of which stories to tell. I'm interested, then, in

what happens when these stories that have worked, often invisibly, for us collapse.

*

She never was a very good mother. I never felt loved or cherished or even *seen* until I moved out of the state when I was twenty-one. That's the first time I can remember her saying "I love you." She never seemed to want me—or any of the five of us—around, telling us to go chase ourselves, to go bother our friends' mothers, to leave her alone. She set no boundaries for me, the youngest of the five, and I know now that this is why I've for so long carried with me a vague sense of insecurity in the world. When I'd complain to her that my sister hit me, she'd tell me to stay away from her. This in a house in which my sister had to literally walk through my room to get to her own. When I expressed fear of her leaving me alone with my sister on the nights when she went out, she dropped me at the neighbors' house to play. She protected me by removing me.

She'd take me shopping at the first of the month when she'd get the Social Security checks in the mail. She'd buy me things she couldn't afford and we'd keep them in the trunk until my sister wasn't home to see me bring the bags into the house. When I was in college and needed money, she'd send me a twenty-dollar bill in an envelope with a lined piece of paper on which she'd written, "Love, Mom." She rarely asked about my school work because she didn't understand it. She gets that I'm a teacher and she's proud of me, but that's about as far as that line of inquiry goes for her. We talk about animals. From my mother I learned to love animals with a ferocity that threatens at times to consume me. When we were kids and we'd ask her to tell us more about our dad, who died when we were all young (I was just four), she'd deflect our questions by talking about the cat, a move I try very hard to avoid in my own adult life. When I called her on the day my beloved dog Annabelle died, the first thing she said to me was, "Don't cry."

*

We are the stories we tell about ourselves. This insight has, I think, reached the status of commonplace for many of us. In *A Chorus of Stones*, Susan Griffin marvels at the constitutive nature of the stories we tell: "What is so astonishing about putting one's life into words, about telling a story, is that certain aspects of being are not only revealed but come to exist fully for the first time" (358). Narrative offers us the illusion of a beginning, a middle, and an end, even as we continue to live the stories we tell. Narrative provides distance between the person narrating and the person being narrated, even if that person is the version of ourselves that existed one week ago. Narrative resides in the background of so much of our day-to-day lives, the often invisible explanations for the ways we think, the things we do. But narrative also resides as possibility in us, a phenomenon made most evident these days by social media like Facebook, blogging, and Twitter. When we experience something worth telling, we imagine

how we might narrate it later (or right away) for others to consume. Narrative divides us. We don't often talk about the stories in our past that have made us who we are. But, given the opportunity, we could, each of us, tell the story of how we got here today, whether you define "here" as reading this article in an academic journal or as becoming the partner or friend or colleague who might remark to others on this work later. But narrative also unites us. We read other people's stories so we can make sense of our own, drawing on what Arthur Frank calls narrative resources. Following a heart attack, Frank find himself in a bookstore searching for stories that could help him tell his own story. In his article, "Tricksters and Truth Tellers: Narrating Illness in an Age of Authenticity and Appropriation," Frank writes,

I was in that bookstore because I did not have the resources I needed to generate a story about my life, as it had suddenly changed. Pretty surely, something had happened to me; I still have scars on my leg from scraping it when I collapsed during the heart attack, and I was gradually being convinced to take seriously the tracings from cardiograms. But real as these were, they did not in themselves make a story. Stories need more than events or evidence of events; stories are formed from other stories. (186).

Stories are formed from other stories. Our lives are formed from other lives. Any understanding we may have of our lives is formed from the ways in which others have worked to understand their lives.

The understanding that stories need other stories can be worth articulating only in a culture whose belief in autonomous individualism trumps, any day, its belief in our human interdependence. In *Precarious Life*, Judith Butler demonstrates the ways in which grief forces our recognition that we are dependent upon and vulnerable to one another. She writes,

Many people think that grief is privatizing, that it returns us to a solitary situation and is, in that sense, depoliticizing. But I think it furnishes a sense of political community of a complex order, and it does this first of all by bringing to the fore the relational ties that have implications for theorizing fundamental dependency and ethical responsibility. (22)

When we experience loss, we experience, too, the loss of a part of ourselves. "Who 'am' I, without you?" (22). Life writing scholars and practitioners have long known that no writer writes alone, that we are, each of us, entangled in relations, social networks, local and global communities, in ways that render any such belief in the autonomy of the life writing self naïve at best. As Susannah B. Mintz observes, "Even in those distant eras when autobiography seemed to presume and also guarantee the writer's autonomous, maybe sacred, individuality, no piece of life writing doesn't contain a supporting cast." We are, Mintz

continues, "relational beings; our stories necessarily entail those of others" (436). In a recent special issue of *Biography* devoted to "Post(Human) Lives," G. Thomas Couser suggests that

Posthumanist life writing *ex*presses what humanist life writing has historically *sup*pressed or denied—the reality that, individually and collectively, humans are deeply dependent on each other (especially, but not exclusively, at the beginning and end of life); on other species (for sustenance, labor, raw material, and companionship); and of course, to an increasing extent, on technology. There is nothing new about the imbrication of our species in these complex relationships; what is new is our recognition of them. (196)

Frank's insight about stories needing other stories sutures our understanding of narrative as rhetorical to our abiding interest in acknowledging and examining the relationships that sustain us.

*

On Saturdays and Sundays when I was a kid, I looked through old pictures a lot. There was a dresser in my bedroom with two drawers filled with photo albums. I looked at them frequently, searching for pictures of myself as a baby. I never found one. My father was a photographer, and there were no baby pictures of me. The irony of this did not escape me. When I asked Ma why there were no baby pictures of me, she always replied, "Oh, they're around somewhere."

One day looking through the seemingly endless pictures of Pam as a child, I found a tie-shaped Father's Day card made of construction paper. It was from Pam to Dad. It was signed "Love, Pamela March." I did some more investigating, found a letter from my grandmother to my mother, and put the pieces together.

Until very recently, neither of my brothers knew that Pam was not our full sister.

Timmy says, "She got knocked up with Pam, got married. She got knocked up with me and got married. She never wanted to have kids."

"She wanted *babies*. She loved babies. She just hates it when they grow up," Guy responds.

Pam, my mother's firstborn, died when she was just twenty-two. Liver failure brought on by pancreatitis, I told anyone who asked. I memorized this fact but I never really knew what it meant. I never really knew what my mother went through watching her daughter die slowly and painfully.

*

The word *collapse* was originally a physiological term referring to the breaking down or caving in of organs caused by a loss of support or intense external pressure. It's a falling *in*, a falling together. I'd always thought of it as a kind of falling apart.

One of the things I ask students in my personal essay course when they decide what they'll write about is, what are the dangers of writing about your subject? With any illness narrative, the danger lies in the easy availability and the temptation of the triumph narrative. Frank calls this the restitution narrative whose basic plot is "Yesterday I was healthy, today I'm sick, but tomorrow I'll be healthy again" (*Wounded 77*). Kathlyn Conway notes that the plot of what she prefers to call the triumph narrative concludes with the belief, "generally offered at the end...that illness is an opportunity for growth or transformation for which the author is grateful and that life is better than before the illness or accident" (7). Conway observes that critics of the triumph narrative, including Elisabeth Kubler-Ross, Susan Sontag, and Sherwin Nuland, suggest

that our cultural insistence on triumph can result in harm to patients, contributing at times to a refusal on the part of caretakers to hear reports of pain. As a result, real physical problems are overlooked, bad treatment results, and patients are left feeling isolated and even shunned for their failure to triumph. (8)

Indeed, the cultural pervasiveness of the triumph narrative accounts in part for the dearth of published narratives of those who have endured ovarian cancer. In her recent *Memoir of a Debulked Woman*, literary theorist Susan Gubar writes that

There are very few personal accounts of dealing with ovarian cancer not only because it is difficult to narrate progress within a cheerful recovery framework but also because such stories would inevitably address still stigmatized (and thus hidden) bodily afflictions. Who, in search of inspiring or comforting assurances, wants to buy, much less read, a yucky downer? (23)

The restitution narrative, Frank points out, "no longer work[s] when the person is dying or when impairment will remain chronic" (*Wounded* 94). But chronically and terminally ill people *need* stories in the same way that we all need stories: "To be human is not simply to live a life but to reflect on that life by telling it in multiple ways to multiple audiences, throughout the course of our lives" ("Tricksters" 187-88). What makes illness different, Frank says, is that "illness *threatens*." "Illness threatens because it cancels our plans, forecloses our hopes, and reminds us that on the most basic physical level, we have no control over our lives" ("Tricksters" 188). Illness threatens because it leads to the collapse of our narrative.

Moreover, if Frank is right that "all aspect of life need narration," and I think he is, Butler's concept of precariousness can help us understand differently why it matters that some narratives are culturally sanctioned and some are not. Yes, the triumph narrative dominates illness stories, but so what? What kinds of stories are not culturally sanctioned, and how does this affect our ability to tell our

own kinds of stories about our lives?

Butler theorizes precarious *life* in ways that make explanations of our fundamental dependence on others understandable and undeniable. Precariousness is not something that can be chosen or willed away or argued against. Instead,

precariousness implies living socially, that is, the fact that one's life is always in some sense in the hands of the other. It implies exposure both to those we know and to those we do not know; a dependency on people we know, or barely know, or know not at all. Reciprocally, it implies being impinged upon by the exposure and dependency of others, most of whom remain anonymous. (*Frames* 14).

If we substitute *narrative* for *life* in Butler's theorizing, we can conceptualize narratives as socially dependent, as needing support from other people and other narratives lest they collapse. Butler writes

To say that life is precarious is to say that the possibility of being sustained relies fundamentally on social and political conditions, and not only on a postulated internal drive to live. Indeed, every drive has to be propped, supported by what is outside itself, which is why there can be no persistence in life without at least some conditions that make a life livable. (*Frames* 21)

To say, then, that a narrative is precarious is to say that its circulation *relies* fundamentally on social and political conditions, that structures and themes must be supported by what is outside itself. These are the narrative resources upon which we draw when we tell the stories of our lives. With no resources to support a narrative of, say, a life falling into chaos at the onset of illness, that narrative cannot survive. It cannot be propped up.

Shaping and telling narratives that do not conform to the status quo, that challenge cultural scripts of what it means to be a cancer patient or a good mother or an abused child, becomes not just a neat academic argument but an obligation to provide narrative resources for others to draw upon as they make sense of the lives they're living.

*

How do I narrate my mother's cognitive failure? It's true that there are plenty of narrative resources at my disposal. The story of the demented parent is one that is told again and again because no matter how many times we hear it, we cannot get a grip on it. It doesn't make sense. It doesn't do the work it's supposed to do.

Where does dementia begin? "The mind," Griffin writes, "travels backward in time, tracing first this thread and then that, hoping to unwind the tangle and reach some clear place of origin" (68). I can point to the day we received my mother's official diagnosis two summers ago after an appointment

with a specialist. My oldest brother Timmy took her to the appointment and only later found out that the fourth person in the room was there because Timmy was being investigated on charges of elder abuse. As it happened, Ma's friend Betty had reported him for taking away Ma's license, for taking all her money, and for threatening to kill her and the cat. Every time Ma saw Betty, she'd say the same things, so Betty figured there must be something going on and she'd better report Timmy to the authorities. The charges were of course dropped, and Timmy, to his credit, was able to see the situation from Betty's perspective. "She was trying to be a good friend," he tells me. I marvel at his patience and he tells me he's just worn out. He worries that he's on the verge of a nervous collapse.

Ma tells us—whichever one of the five of us she's talking to—again and again about her parents dying in a car accident. In the beginning, we corrected her, told her that her parents didn't die that way, that her father died from cancer of the mouth, her mother from emphysema. But our corrections did no good; instead they made her more adamant that her version of the story was the correct one. We learned to change the subject.

The story of the baby, though, that one persisted regardless of how adept we became at changing the subject. The baby was missing. Somebody stole the baby. She was going to have to get a lawyer to help her get the baby back. When I go back to Massachusetts to visit, I try to convince her that I'm okay, that *I'm the baby*, I'm right here, I'm forty years old and nothing bad has happened to me. She shakes her head, points her finger at the ceiling, and says, "Don't say anything about the girl. He doesn't believe she's missing." She's referring to my brother Guy, who lives upstairs with his portable fridge and his microwave and his one set of dishes and silverware. He comes downstairs only when he needs to. He's fed up with her stories. He no longer wants to hear about the missing baby.

At the core of my mother's being is a story that she has been unable to tell, a story she has been unable to integrate into the story of her life, and so a story that we, her children, have been unable to integrate into the stories of *our* lives. As her mind deteriorates, so too does her ability to keep that story in, to keep it buried in a safe place away from judgment and shame and grief and fear. The story of her life collapses in on itself as some part of her struggles to make that part of her life known. Susan Griffin, again: "Lately I have come to believe that an as yet undiscovered human need and even a property of matter is the desire for revelation. The truth within us has a way of coming out despite all conscious efforts to conceal it" (166).

*

Allie Brosh, the fantastically funny writer and illustrator of the blog *Hyperbole and a Half*, suffers from depression. I first learned of her blog when a friend sent me a link to her story, "Dogs Don't Understand Basic Concepts Like Moving," which tells the story of Allie, her boyfriend Duncan, and their two dogs

moving across country. The dogs, known to the blog audience as Simple Dog and Helper Dog, make this move anything but simple with their confusion and their whining and, god love Simple Dog, their repeated magical creation of food (also known as throwing up and eating it). Brosh's stories depend for their humor on, not surprisingly, hyperbole, and on Brosh's crude yet remarkably emotionally accurate drawings in which Brosh herself is always represented wearing a pink dress, the cone of yellow hair on her head representing her ubiquitous ponytail.

Hyperbole and a Half gained a tremendous following of people who noticed, in 2011, that Brosh seemed to have disappeared. When she returned, she explained her eighteen-month absence with a new post about depression, and it was that post that led to Brosh's work going viral, ultimately landing her a book deal.

Anybody who has any experience at all with depression understands how difficult it is to narrate. There is no story to depression because it's one long experience of nothingness, of numbness. We might be able to say that the depression was the cause of something happening or not happening, but to point to a cause for the depression itself or to narrate the experience of being depressed is a tricky undertaking. The first line of Brosh's first depression post reads, "Some people have a legitimate reason to feel depressed, but not me. I just woke up one feeling sad and helpless for absolutely no reason." The post describes Brosh's coming to terms with the reality that she was able, for no reason, to finally feel nothing, a triumph of sorts since she'd always equated emotions with weakness, a not-uncommon association. The first depression post ends with this moment of triumph, as she has gone from feeling sad all the time to feeling nothing. So there is movement here; there is narrative as she notes that a lack of feelings came after too many feelings. In the second post, Brosh describes others' efforts to pull her out of her depression with positive platitudes about rainbows and happiness. This, she says, is

the most frustrating thing about depression. It isn't always something you can fight back against with hope. It isn't even something—it's nothing. And you can't combat nothing. You can't fill it up. You can't cover it. It's just there, pulling the meaning out of everything. That being the case, all the hopeful, proactive solutions start to sound completely insane in contrast to the scope of the problem. (132)

Ever so slowly, Brosh writes, her feelings began to return. The first to return was hate. "When I finally started being able to care about things again, I HATED them," she writes (142). Following the hatred phase was what she called the crying phase which she distinguishes from sadness because it was "crying for the sake of crying" (148). Brosh explains her snapping out of her depression when, during this crying phase, she was lying on the floor and happened to notice a

"shriveled piece of corn under the refrigerator." The piece of corn struck her as somehow funny and produced what she calls "the most confusing bout of uncontrollable, debilitating laughter that I have ever experienced" (150).

Just as others have a hard time understanding depression, so too, Brosh understands, will others have a hard time understanding her explanation of what broke the depression. She knows that when people ask her about the moment that changed things for her, "instead of telling a nice, heartwarming story about the support of people who loved and believed in me, I'm going to have to tell them about the piece of corn" (154).

I spend this time on Brosh's depression posts for a couple reasons. First, because there are few narrative resources available from which we can shape narratives of depression, Brosh's story of her experience provides what many of us need in order to begin the process of understanding what we're living through. While Arthur Frank ended up in the bookstore looking for somebody else's story of heart failure, those of us who suffer from depression might find ourselves looking for stories like Brosh's. But that's just the thing, my second reason for focusing on Brosh: she manages to *narrate* her experience with depression in such a way that the shriveled piece of corn becomes the cause of the depression snapping. Brosh's representation of her depression provides her experience of nothingness with a beginning, a middle, and an end.

When I first read Brosh's second depression post, I was frustrated with what I simplistically read as a positive ending. But that wasn't a fair reading, as she actively resists the narrative impulse toward what might be characterized as a happy ending. She writes,

I wanted to end this on a hopeful, positive note, but seeing as how my sense of hope and positivity is still shrouded in a thick layer of feeling like hope and positivity are bullshit, I'll just say this: Nobody can guarantee that it's going to be okay, but—and I don't know if this will be comforting to anyone else—the possibility exists that there's a piece of corn on a floor somewhere that will make you just as confused about why you are laughing as you have ever been about why you are depressed. (155-6)

Just as there is no identifiable cause for depression, there likely will be no identifiable cause for the laughter that snaps the depression. It's not neat and tidy. There is no order. There is, instead, uncertainty.

But notice something else in Brosh's ending: her awareness that her depression posts function as narrative resources for others, that an expectation of narrative is *an ending*, some way in which this experience, if it's worth narrating, can also function as a message of inspiration. I made it through this and so can you. That's about as ordinary a reason for reading a depression narrative that I can think of.

My mother has dementia and I don't know where it began but I know where it will end. In the meantime, we hear but do not listen to her stories because they scare us.

In her essay, "Of All the Mothers in the World," Heather King writes of her mother's dementia: "Mom took a little fall on the stairs recently. And she's started to get belligerent (also wildly out of character: Mom's stubborn but extremely meek)." In "Love Sustained," Ann Patchett writes of her grandmother's slow descent into dementia: "My grandmother, who had spent her life being easygoing, was becoming increasingly agitated. Bank statements and doctors' bills sent her into awful fits of panic. She would wait by the back door in the evening for my mother to come home and then wave the papers around tearfully, saying there was a terrible mistake and she didn't understand." It's a story we've heard again and again. It's a story we'll continue to hear, but it rarely changes. Its precariousness is evident in our inability to hear it or to bear it.

"I find out tomorrow," Ma tells me.

"About what?"

"About the baby. What they've done with her. They're gonna tell me."

"Who is?"

"I don't know. The Brusseaus. They moved to the other town."

My brother Guy tells me that when they're at the grocery store, Ma wants to buy baby food. He steers her toward the cat food instead. Three years ago, he called 911 when she became hysterical about the missing baby. "Where's the baby?" she shrieked.

Guy pointed at the cat. "You mean Ruby? She's right here."

"No. The baby. Where's the baby?"

"Ma, there is no baby."

"Whaddyou mean there's no baby! Where's the goddamn baby?"

"Do you mean [author's first name]?"

"For chrissakes, no. Where's the baby?" And she began to cry.

That, Guy tells me, was when he knew something was really wrong. He called our oldest brother, Timmy, who was still sleeping from his second-shift job at the post office. When Timmy didn't answer, Guy called 911.

Timmy later called me from the hospital to tell me she'd had a stroke. Ma had been looking all over for me. "She thinks Guy stole you."

*

When our narratives fall apart, when the stories we tell ourselves collapse in on themselves, we might say that we've come undone. Collapse is caused by a lack of support or intense external pressure. We can't really say, then, that my mother's story about the baby collapsed because to do so would be to imply that at one time it enjoyed support. Rather, my mother's story about the missing baby

was tamped down, tamed by the culture she grew up in, and revised such that it came out swaddled in invectives mostly to us girls: She told us over and over again not to have kids until we got married, that she sure as shit wasn't going to take care of any babies, that men were trouble. She told my oldest sister Sue not to go behind the bushes with boys. She told me to marry a rich man, a doctor preferably, but most of all she told me not to have babies until I was married to that rich man.

*

Brosh has been praised for narrating depression in the present tense, not as something that's she's moved past but as something that she still deals with. In a piece for NPR, Linda Holmes writes that Brosh is not looking at depression "in the rearview mirror in some sort of 'let me tell you about this thing that happened to me once' kind of way. She's in it, and she lives with it, and sometimes it's better and sometimes it's worse. It means you don't see her for a while, because she's a real person and it's a real thing." Holmes continues, "It's very sterile and very misleading to hear about battles only from people who have already won or at least have already experienced the stability of intermediate victories. It presents a false sense of how hard those battles are. It understates the perilous sense of being in the middle of them. It understates how scary they are." There's no question that social media have affected our abilities to both write our own and read other people's narratives in what pretty much amounts to present tense. This is not to say that we can forget that the narratives are still constructed, still shaped for an audience with particular values, beliefs, desires, and needs, but instead to say that the range of narrative resources we have available to us is ever widening. We don't know yet whether Brosh will triumph over depression, whether her narrative will collapse to the point that she feels that she, too, has come undone.

*

When she brings up the baby and we try to change the subject, her mouth sets into a wrinkled line and I watch her eyes shift from fear to anger to resignation. Our eyes don't meet for long. She turns away and shakes her head in disgust.

Susan Brison writes that a narrative is "a social interaction—actual or imagined or anticipated or remembered—in which what gets told is shaped by the (perceived) interests of the listeners, by what the listeners want to know and also by what they cannot or will not hear" (102). If we cannot hear, if we refuse to hear, what happens to the narrative?

*

Gerda Saunders provides a rare account of her own slip into dementia in her recent essay published in the *Georgia Review*, "My Dementia." At just 61, Saunders is diagnosed with microvascular disease, "after Alzheimer's the second leading cause of dementia." She tells about her friends and family writing off her

slips of memory as "senior moments," of her twenty-something children assuring her that they, too, experienced similar memory lapses. Anything but a triumph narrative, Saunders' essay instead acknowledges that the disease never stops. "As sufferers of dementia (and their caretakers) soon discover, medical professionals' use of the present continuous form of the verb 'to dement' is highly significant. Even stage 7 patients are always still dementing, never done. Until they die."

"I am dementing I am dementing I am dementing."

Saunders' essay provides a narrative resource for those of us who most often tell the story of dementia: children, spouses, and caregivers. But it would mean almost nothing to my mother.

*

According to Ann Fessler, between 1945 and 1973, "one and a half million babies were relinquished for nonfamily or unrelated adoptions" (8). We are the stories we tell about ourselves, and the possibilities for such stories are taught to us from an early age. "The girls who went away," Fessler writes, "were told by family members, social-service agencies, and clergy that relinquishing their child for adoption was the only acceptable option. It would preserve their reputation and save both mother and child from a lifetime of shame" (9).

My mother became pregnant when she was a teenager, was sent away by her family to give birth where nobody knew her, and was forced to give that baby up for adoption. She told us this story again and again—first by pleading with us about boys and bushes and getting married to doctors and then, defenses slipping away, she told us the story straight—but because we didn't know, we couldn't hear her. My Aunt Judy told me about the baby after a particularly difficult phone call with my mother led me to call Judy to ask if there was anything to this story about the missing baby. Turns out there was. There is. Because that's another thing: my mother's story remains in present tense. Her dementia prevents us from having a conversation with her about the baby and thus from any healing that might come from the sharing of her story. Brison suggests that "perhaps there is a psychological imperative...to keep telling one's story until it is heard. After the story has been heard and acknowledged, one can let it go, or unfreeze it. One can unclench" (110). My mother can never unclench. Just as Allie Brosh's narration of her depression remains in present tense, highlighting the now-ness, the scariness, and the uncertainty of depression, so my mother's narration never moves beyond anger that somebody has taken her baby, frustration that nobody's helping her get the baby back, and a grief that she's never been allowed to feel.

The narrative of my mother's first daughter (I'm assuming it was a daughter, as always she refers to the baby using the feminine pronoun) is that she was a mistake that could be turned into another family's good luck. The corresponding narrative of my mother, then, one might deduce, is that she made a mistake that ended up providing a gift to another family. No. This is not a

narrative that would have been supported by the cultural conditions of the 1950s. Instead my mother made a shameful mistake that would haunt her for the rest of her life. And the baby simply didn't exist. Erased. Forget that she was born.

But the body remembers. Even—especially?—the demented body with its newfound freedom from culturally sanctioned narratives.

*

A recent issue of *The New Yorker* featured a story about a neuroscientist's search for her father's Holocaust narrative. Daniela Schiller's father, Sigmund Schiller, survived the Holocaust but never told his story to his family because he finds "being called a Holocaust survivor demeaning." The director Liron Unreich had somehow gotten Sigmund to agree to be part of a documentary about the Holocaust, and Daniela Schiller "had explained that her father would never talk—that it would be a silent movie. Unreich was undeterred, and said that he was planning a trip to Israel, where he grew up, and would be grateful for the chance to film Daniela as she tried to engage with her father. Her father had no objection, so she agreed. 'I told him not to worry, they were aware that he would say nothing" (48).

But he didn't say nothing. Instead, he told the story of his younger sister being shot from behind by a "humanitarian" police office. "'He didn't want her to suffer, so he took her toy, threw it away, and said go pick it up. That way, he could shoot her in the back without her knowing." Neither Daniela nor her mother had known anything about Sigmund's sister. Daniela asks her father "if he had consciously suppressed this information."

"Yes," he said. "You must suppress. Without suppression I wouldn't live" (48).

I imagine that my mother would say something similar if given the chance. Without suppression, she could not have lived. What fascinates me is the way that that suppressed story came out in so many different ways over the years. She consciously suppressed it, but it came out in the form of her depression, her anger, her inability to form attachments with her children.

*

For most of my life, my mother's story remained in present tense and it came in the form of advice: do this but don't do that (though, really, it was mostly don't do that.) Value statements: men are trouble. Boys will try to take you behind the bushes. Don't get pregnant before you're married. Doing so would be shameful. Marry a rich man. A rich man will be able to care for you in a way that a poor man cannot. A rich man won't leave you alone with five kids to raise. The overarching narrative: I don't want you to be like me.

Whereas Brosh's posts about depression conclude with a message that might be interpreted as "hang in there; you'll find your piece of corn," my mother's story boils down to something like, I didn't make it through this and I

don't want you to experience that kind of pain. So I'll tell you what to do but I won't (can't) tell you the story that motivates it.

When I met the man who would become my husband, I called my mom to tell her about him and her first response was, "Is he rich?" For a long time I used that moment to demonstrate how callous my mother is, how she cares about only one thing. But the more I think about it, about the ways in which her story has been disassembled and broken apart and put back together in the form of responses like these, the more I'm able to see that, yes, that first response is about only one thing: her concern for my well-being. Her desire that I not turn out like her.

*

Daniela Schiller learned something new about her family's past, about her father's suffering. Michael Specter, the author of *The New Yorker* piece, writes that the documentary experience "has transformed his daughter's memories of him, and of her own life." Specter ends the essay with Daniela's remarks: "I picture him from the time I was in kindergarten. But now I can only see him with all the insight I have gained. My memory has been updated. I have spent much of my life trying to find a way to reconsolidate my father's memories, and ended up reconsolidating my own" (48).

*

For most of my life, I attributed my mother's inability to demonstrate care to the obvious traumas she experienced in her life: the death of Pam, her firstborn, when she was just twenty-two, and, five months earlier, the death of her husband, my dad. I always said, when telling others about my childhood: she was left with five kids to raise. As though my dad's dying had been an intentional insult to my mother's life. Because of these twin traumas, I tried to cut my mother some slack. Sure, she wasn't a great mother. Sure, she wasn't great at demonstrating love and care or even at protecting me from my own sister, but look what she'd been through. I'd be a terrible mother, too, if I'd seen my husband and daughter die within five months of each other.

But that story, that cause-effect relationship, has collapsed for me. When I began writing this essay, I imagined it'd be my mother's narrative that was doing the collapsing, but, like Daniela Schiller, I find myself reseeing my own narrative. And my own life narrative cannot be separated from my mother's life narrative. As I put together my mother's narrative out of the bits and pieces she gave us through the years, I am forced to reinterpret my own. If, for my mother, giving birth was associated with trauma and a loss of control and grief and an understanding that a man got her into this mess but in no way helped her out, her desire that we girls marry rich men needs a new interpretation.

The story of my unhappy childhood caves in upon itself. It collapses. For it was dependent upon a conceptualization of my mother as one who didn't care,

one who actively neglected me. But her baby was taken away. She'd been sent away in shame. She never talked about it because, as Judy put it to me, back then nobody went to therapists unless they were crazy. "Back then you were just a whore."

This is not to say that it isn't true that I had an unhappy childhood. Only that the beliefs that propped up that narrative have been compromised. And that I must somehow build a new one.

*

The story of the 800 babies' bodies found in the septic tank behind a home for unwed mothers in Ireland came to light in June, 2014, as I was writing this essay. Terrence McCoy, writing for *The Washington Post*, describes the cultural climate of the early to mid-twentieth century in Ireland:

The grim findings, which are being investigated by police, provide a glimpse into a particularly dark time for unmarried pregnant women in Ireland, where societal and religious mores stigmatized them. Without means to support themselves, women by the hundreds wound up at the Home. 'When daughters became pregnant, they were ostracized completely, [Catherine] Corless said. 'Families would be afraid of neighbors finding out, because to get pregnant our of marriage was the worst thing on Earth. It was the worst crime a woman could commit, even though a lot of the time it had been because of rape.'

Corless' comment echoes so eerily my Aunt Judy's explanation about why she didn't know more. She was just a kid at the time, and her parents tried to keep it from her because they *didn't want the neighbors to know*. It was a story worth telling, my grandparents knew, so they tried to keep it from the nine-year-old teller as long as they could.

This grim story serves as a narrative resource for me, for my family, for anybody whose life has been touched by a forced adoption. In addition, the 2013 film *Philomena* starring Judi Dench, which tells the story of a mother seeking news of her son decades after his forced adoption, serves as another. Perhaps with the publication and circulation of more and more stories like this, more women will feel empowered to tell their own stories.

*

In many ways, the story of her dementia is the story of us kids putting our own stories back together after learning this crucial piece of information. Rebuilding them by rebuilding her story from the pieces she's given us over the years. Trying to give it some structural integrity so that, maybe, the small defects in the story, those that contradict or call into question the central events, just maybe nobody will notice them.

Works Cited

- Brison, Susan J. *Aftermath: Violence and the Remaking of a Self.* Princeton: Princeton UP, 2002. Print.
- Brosh, Allie. Hyperbole and a Half. New York: Touchstone, 2013. Print.
- Butler, Judith. Frames of War. New York: Verso, 2010. Print.
- ---. Precarious Life. New York: Verso, 2004. Print.
- Conway, Kathlyn. *Beyond Words: Illness and the Limits of Expression*. Albuquerque: U of New Mexico P, 2007. Print.
- Couser, G. Thomas. "A Personal Post(human)Script: Further Reading/Reading Further." *Biography* 35.1 (2012): 190-197. Print.
- Frank, Arthur. W. "Tricksters and Truth Tellers: Narrating Illness in an Age of Authenticity and Appropriation." *Literature and Medicine* 28.2 (2009): 185-199. Print.
- ---. The Wounded Storyteller. Chicago: U of Chicago P, 1995, 2013. Print.
- Griffin, Susan. A Chorus of Stones. New York: Anchor, 1992. Print.
- Gubar, Susan. *Memoir of a Debulked Woman*. New York: W.W. Norton, 2012, Print.
- Hainey, Michael. After Visiting Friends. New York: Scribner, 2013. Print.
- Holmes, Linda. "Present Tense: Allie Brosh, Donald Glover, and Hurting Right Now." NPR 29 Oct. 2013. Web.
- Jurecic, Ann. *Illness as Narrative*. Pittsburgh: U of Pittsburgh P, 2012. Print.
- Manning, Martha. *Undercurrents: A Life Beneath the Surface*. New York: HarperOne, 1994. Print.
- McCoy, Terrence. "Bodies of 800 Babies, Long-Dead, Found in Septic Tank at Former Irish Home for Unwed Mothers" *The Washington Post* 3 June 2014. Web.
- Mintz, Susannah B. "Strangers Within: On Reading Disability Memoir." *Life Writing* 9.4 (2012): 435-443.
- Saunders, Gerda. "My Dementia." Slate 19 March 2014. Web.
- Sedgwick, Eve Kosofsky. *Touching Feeling: Affect, Pedagogy, Performativity*. Durham: Duke UP, 2003. Print.
- Specter, Michael. "Partial Recall." The New Yorker 19 May 2014. Print.