A Journey Chronicling Memories of Grief and Loss

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Abstract

Storytelling is a natural and necessary human behavior. Stories connect us to our past, our present, and, most importantly, to each other. They tease our imaginations and stir our emotions. Certain stories are gifts to those who listen. Such is the case with those gifted to me on this journey exploring the grief and loss of motherless daughters. Inspired by a photograph of my grandmother, the story of her death after childbirth, and my own mother’s lifetime sadness over having lost her mother when she was very young, I conducted audio interviews with women in similar situations. I interviewed women, like myself, whose mothers lost their mothers. I also interviewed women who themselves were left motherless at a young age. In this paper, these separate stories are connected within the overarching story of my personal journey to find, listen to, and document them. I also include my own reflections on grief and loss in the context of the story of my mother and grandmother. Within the stories, I have interspersed treasured photographs and written memorabilia. I conclude the paper with a description and analysis of my process: the preparatory research, the training in audio interviewing and documentary, my approach to the interview process (including the failures, successes, and surprises along the way), and my conclusions about what I learned and accomplished as I pursued and completed the project.

A twenty-minute audio documentary titled *Conversations: Mothers and Mother Loss* accompanies this written work. In the documentary, culled from sixteen hours of audio interviews, the nine women who lost their mothers at early ages or whose mothers lost their mothers at early ages grant us intimate connection with their stories through their voices.
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Preface

“God made man because He loves stories.”

Elie Wiesel

Storytelling is an abiding interest of mine. As a nurse, I long have known that storytelling can be therapeutic and often have said, especially while counseling others to have empathy for someone, that everyone has a story. This is not an original concept but it is one that has played out every day in my life, in every encounter since I was a nursing student—yes, everyone has a story. Moreover, people need to tell their stories, and stories need to be told. We tell stories, we listen to stories, and we retell stories— within families, with long-time friends, with new friends and acquaintances. These stories connect us to our past, to our present, and perhaps often give us a glimpse of our future. They connect us to others with similar stories. Stories encourage, inspire, incite, provoke, excite, educate, entertain, and they tease our imaginations. They give information, provide context, convey a message, teach a lesson, provide comfort, and relate emotions— perhaps all at the same time on occasion. We love stories about ourselves and about our heroes, real and imagined. From cave wall paintings and hieroglyphics to the parables of Jesus, to the bedtime stories parents create in their imaginations, to those told around the campfire while toasting marshmallows, to the family favorites told and retold, “storytelling is a fundamental human instinct.”

Yet family stories often get lost as previous generations die out unless those left behind continue to tell them, passing them on through the oral tradition. Memory books and photo books preserve history for visual reconnaissance but often speculation is necessary about the full story if accompanying oral histories have been lost or suppressed. Diaries and journals or private memoirs may help to flesh out the history though are less likely than photographs to exist in most families. And the next generations simply may not be interested. Children leave the home to create their own families and stories and by the time they become

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interested in the stories of prior generations it can be too late to reconstruct their past. Siblings disperse, traditions disappear, family reunions dwindle and vanish. Storytelling changes as the dispersed siblings create new traditions and new memories and as they recount any shared histories from their own perspectives.

Some stories are so painful they might never be told. Who does not know a family, perhaps one’s own, in which dark secrets lurk in the shadows or are buried deeply and die with the keepers of the secrets? Who does not know of stories and secrets that have torn families asunder: skeletons in the closet, black sheep in the family, rumors whispered at wakes and funeral and weddings. Stories that, over generations, take on lives of their own, even from behind the carefully placed hand, sotto voce.

Then there are the stories that come as a gift—the stories, for example, discovered while researching and writing a paper about a family photograph. Or the stories, however painful, that people share willingly and generously when asked, such as for a project like this one. These are the stories through which I have met extraordinary young women and connected even more deeply with family and longtime friends. Their stories have bewitched me, haunted me, made me smile, brought tears to my eyes, saddened me, and uplifted me. They have brightened my days and brought me joy in the retelling. They have both wounded and amplified my soul as I have absorbed their pain and experienced my own losses in stark relief. They have prompted reflection and provoked self-examination, widened my knowledge and created a thirst for more. These stories gave my grandmother to me and brought my mother back to me. These stories are the foundation upon which my personal journey—and this paper—have been built.

“A need to tell and hear stories is essential . . . second in necessity apparently after nourishment and before love and shelter.”

Reynolds Price

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Introduction

“Stories of pure wish fulfillment don’t tempt us. But what about stories that show us life as it actually is lived?”

Jonathan Gottschall

In fall of 2016, I took the class Photography in Context. Our first assignment was to tell a story related to a family photograph. I quickly thought about a favorite photograph of my deceased father but almost immediately my mind turned instead to a photograph of my maternal grandmother, Marianna. I knew not why. As the week progressed and I spoke with my two sisters and a cousin about Marianna, I began to believe there are no coincidences and that Marianna had been waiting for this moment of discovery. The photograph and my research into its backstory arrested me. Many of the details I uncovered were new to me. As I analyzed the image and wrote the story, I could not drive from my mind an intensified awareness of my mother’s loss when her mother, Marianna, died so early in both their lives. I knew others who had lost their mothers when they were young, and I knew others, like myself and my sisters, who had inherited this type of mother loss—women whose mothers (and fathers) had lost their mothers when young. An idea began to formulate that I could tell their stories. To do that, I would need to film them, I thought. Neither a photographer nor a videographer, I believed I must and could learn how to film my interviewees. From the beginning, I believed it was important not only to write the stories but to record the women telling their stories.

I contacted Duke’s Center for Documentary Studies (CDS) to sign up for a program that looked like it would help me. Unfortunately it was under-registered so CDS had decided to cancel the program. It felt urgent to me to immediately get started interviewing friends who were aging and who might not be available or capable of being interviewed if I waited until the time I was scheduled to begin my master’s project. I presented a proposal to the Director of the Graduate Liberal Studies program. Dr. Zapf gave preliminary approval and ascertained that, for a creative project of this nature, I need not

obtain approval for interviews from the Institutional Review Board. I quickly arranged with CDS to do an independent study—a boot camp, really—with one of the instructors. This was done as an eight-hour intensive, stretched over several days, with limited practice in between. The instructor worked hard to help me learn how to film and record, so I could do so on an upcoming trip to New England during the 2016 holidays. The instructor advised me on reasonably priced recording equipment that I could purchase and attach to video equipment she loaned to me so I need not invest in such equipment right away. How wise that was!

Not quite convinced I was ready, but intrepid nonetheless, I headed to New England in mid-December 2016 with my husband. We spent Christmas in Massachusetts, where I was raised and have family. On the same trip, I also visited friends in Maine from the years during which I’d owned and operated a bed and breakfast inn in Camden. Five interviews were scheduled. I canceled two of them after I developed a serious cough and cold during the Maine leg of our trip and feared I’d expose vulnerable seniors to illness. I canceled the third interview in Maine when approaching weather hastened our return to Massachusetts. There, I was able to conduct two interviews before my husband and I returned to North Carolina. In the interviews, the women were open, eloquent, and committed to the work I was attempting to do. I was impressed with them and excited for my project.

But my newly obtained skills in videotaping were inadequate to the task. When I met with my instructor, back in North Carolina, to follow up and evaluate the outcome (I had not played back the interviews for fear of erasing them), I discovered I had virtually nothing—only a few minutes of video and hardly any audio. She and I walked through all the steps and I recounted everything I thought I’d done. We determined that at the outset—in both cases—when I’d hit play-back to make sure I was recording, I had not noticed I was not recording when I restarted. I had checked and rechecked everything—or so I thought. But the critical recording button was not on. Two plus hours of excellent
material was lost in the ether. Nothing to show. I was mortified and crushed. I cannot recall ever having failed at anything so completely and so thoroughly.

Yet some clouds have silver linings. I actually felt a sense of relief as I realized video was not a medium to which I was suited. It had too many moving parts, too much to consider and manage, and, more importantly, was unrealistic, given the cost of equipment in which I would need to invest. I decided to focus on audio. And I was determined to master it in time for my return trip to New England the following July. I put aside my embarrassment and called the two women whose interviews I had botched. Not surprisingly, each was sympathetic and agreed to reschedule. I was able to reschedule the other interviewees as well. Encouraged, I registered for two CDS courses—a six-week virtual course in audio interviewing techniques during the spring of 2017; and a seven-day, twelve-to-fourteen-hour-per-day intensive in audio documentary at the beginning of July 2017. Both proved invaluable, especially the July intensive, during which I obtained helpful recommendations about reasonably priced, higher quality audio equipment than what I already had, and in which I learned to use audio editing software. I was even more excited about the project. And I’d found a new passion.

The stories that provide the basis for this project are the result of audio interviews I conducted in Maine, Massachusetts, New York, and North Carolina between early August 2017 and November 2017. I worked with amazing and inspiring women who have important stories to tell. It is a privilege to honor their stories in this work.

“Stories are compasses and architecture; we navigate them, we build our sanctuaries. . . out of them....”
Rebecca Solnit

The Journey Begins: Marianna and Caroline

“If writing is thinking and discovery and selection and order and meaning, it is also awe and reverence and mystery and magic.” —Toni Morrison

I never knew Marianna, my maternal grandmother. She died of postpartum sepsis (puerperal fever) in late February 1924, slightly more than two weeks after she gave birth to her fifth child. She was twenty-eight years old. My mother was not quite three.

Her photograph hangs on a wall in our home gallery. When I received it from a cousin as a wedding gift in 2007, it was the first I’d seen of Marianna that I could recall. Assigned to write a story based on a family photograph in a fall 2016 Duke graduate school class, I chose this. She is twenty years old. The look on her face is slightly wistful, perhaps bemused. Wisps of hair escape from her chignon; the black-and-white image belies her storied auburn hair, very long and usually worn down. She is the grandmother I never knew and I am her namesake. She is the mother my mother never had. Her death completely changed the course of many lives, not the least my mother’s life.

Marianna was born April 14, 1895 in Cap-de-la-Madeleine, PQ, Canada, to Alfred and Josephine Lacroix, descendent of a Fille du Roi. The eldest of their seven children, six of whom were born in Canada, Marianna reportedly had a beautiful soprano voice and played excellent piano. The seventh child (sixth daughter) was born in Graniteville, MA, the small mill town to which Marianna’s family immigrated in 1911 and to which the Leduc family had immigrated in 1908. Henry Leduc (aka Pepe, my

7 The King’s Daughters (filles du roi) is a term used to refer to the approximately eight hundred young French women who immigrated to New France between 1663 and 1673 as part of a program sponsored by Louis XIV to boost the population. [www.en.wikipedia.org/wiki/King%27s_Daughters](http://www.en.wikipedia.org/wiki/King%27s_Daughters) Re-accessed March 30, 2018.
maternal grandfather) was ten years older than Marianna and was considered, especially by her father, Alfred, to be completely unsuitable for her. Alfred disliked Henry immensely. But on June 1, 1915, shortly after her twentieth birthday, Marianna and Henry were married. She was pregnant. This first child, Gilbert, lived just six months. In quick succession were born Claire (1917), Henry (1918) and my mother, Caroline (1921). Emile was born February 8, 1924. Marianna died February 24, at home. Claire, seven at the time, recalled hearing Marianna’s screams of agony during her illness; it was a horrible death. The memory was searing for my Aunt Claire as was the memory of her mother lying in a casket in the living room. My mother was with her maternal grandparents at the time.

On the day Marianna died, Alfred, in pain and fury, took an ax to her piano, which had remained in his home after she married Henry. He threw the piano parts and pieces in the local dump and he never spoke with Henry again. After Marianna died, Alfred and Josephine, my great-grandparents, took Emile until he was eight years old. Pepe raised his other children, including my mother, in his and Marianna’s home with the help of one of his sisters, my great aunt Rebecca, a “maiden lady.”

Cathy Shanahan and Peg Shanahan, Lowell MA

The detail about Aunt Claire and the story about the piano come from my sister Catherine (Cathy) Shanahan, now sixty-four. She and my sister Margaret (Peg) Shanahan, now sixty-two, are ten years and eleven and a half years younger than I. When they were born I was ecstatic, having felt tortured by the existence of the first three of my five younger brothers—two, four, and six years younger than I—who I recall destroying everything I ever owned in their play. I have two brothers who are twelve and a half years and sixteen years younger than I. All eight of us really grew up in different environments with different memories and different stories. I left home for college at age seventeen, and except for three summers during college and three months awaiting orders to sail to Panama nine years later, I never again lived at home full-time. Cathy and Peg had not left the area and in fact had lived in the family home much of their lives. Many of the details about Marianna and stories about my mother and Aunt Becca come from them. As I began this journey in the fall of 2016, our phone conversations and emails were essential to my thinking about Marianna and Caroline. Our interview in August 2017 helped clarify my thinking about our mother as a motherless daughter while we shared memories of the mother for whom we still yearn though she has been dead twenty-four years. We laughed and we cried together. Cathy lives in the family home in Lowell and Peg with her husband of five years in Chelmsford, MA.
When I interviewed my sisters for this work in August 2017, I asked Cathy to recount the story she’d told me in 2016 when I asked about family photographs and about our grandmother Marianna. The story had chilled me to the core.

Cathy: Mum told me that a few years after Pepe died, Aunt Becca, walking home from the mill where she worked, saw that a deceased neighbor’s family was selling her possessions in a large yard sale. Strewn about a table and around the ground were hundreds of framed photos, loose snapshots, and several family albums people were ‘pawing over.’ At home, she collected every photo in sight and burned them in the fireplace. ‘No one in her family ever would be treated like that!’ Mum walked into the house too late to rescue anything, upset and horrified.

On the day Aunt Becca burned the photos, my mother suffered yet another profound loss: she was wrenched further away from her mother, from her brother, from her father, from any link to them and to her past. It was as if they had been expunged, her past eradicated. As I write this, I look over at the nearby photographs of my mother on a bookshelf and I am grateful to have them, to keep her close.

I remember well the home in which my mother grew up. From the time Dad returned from WWII when I was two, and until I was eleven, we lived in a duplex across the yard from it. When Pepe immigrated from Trois-Rivieres, Canada, in 1908, he worked with carpenters to build a modest family compound of yellow clapboard homes with green shutters in Graniteville. The compound was composed of two units with four homes. In the side-by-side duplex, each with two stories, my family lived on one side (my mother and father and three younger siblings at the time) and on the other side lived my uncle (Mum’s older brother Henry) and his family. Across the yard from the duplex was a large two-story home designed as separate but connected units, where Pepe and Aunt Becca lived. They were quaint and tidy places. The yard was cozy and protected; the sidewalks between the two duplexes just long enough for hopscotch. A large field stretched for what seemed to be miles behind the garage units Pepe built for the compound. In his beloved garden, Pepe planted corn and beans and tomatoes and lettuce and cucumbers and squash that provided produce for all four families. I remember picking the beans, sampling happily as I did.
I spent almost as much time in Pepe’s and Aunt Becca’s home as I did in our home. I remember the aroma of his tobacco, the chair where he sat and occasionally let me sit with him, the kitchen filled with glorious cooking smells, especially when huge groups of family arrived for weeks each summer and bunked all over the compound. I remember the player piano where everyone gathered and sang when the relatives were in town. Ours was a close family and I remember summers as great fun.

The day Pepe died is a permanently etched memory. I see a beautiful, clear day—sunny but not hot, breezy. A good laundry day. My mother and I are at the side of our house where the clothes lines stretch between four poles that anchor two rods onto which the lines are looped. I am five. The basket is filled with white sheets. She snaps the sheets, making sure the edges are even when she folds them in half and pins them up with the wooden clothespins I hand her. I remember the fresh scent of the wet sheets. I am chatting with my mother as I hand her the pins, looking up at the sky and asking her about heaven. I hear a scream from Pepe’s house. Then Aunt Becca is yelling, “Caroline, Caroline! Caroline!” I am confused as I see my mother throw a sheet to the basket but instead it hits the ground. She runs across the yard. She is in fast motion, but I feel that I am moving in slow motion as I lift the sheet from the ground and put it in the basket, wishing I was old enough and tall enough to pin the rest of the sheets up for her. I feel an unknown emotion; I do not know what to call it but I know it is awful. Something very bad is happening.

Pepe was sixty-four when he died in August 1949. He had lived for twenty-five years without Marianna; he had not remarried or even dated. His sole purpose in life after Marianna died was to provide for and raise their children. He did this with Rebecca, a slightly younger sister who never had married. Thrust into the situation and overwhelmed, Aunt Becca turned to the rule of God: the children were raised in a very strict Catholic environment. She was not mean to them but she was strict. And she simply was not their mother.
In spite of having his children with him, Pepe lived a lonely life and suffered many losses. His wife had died when he was just thirty-eight years old. He had seen his youngest son, Emile, initially raised by his in-laws, return home to his and Aunt Becca’s care at the age of eight (adding to Rebecca’s challenges), only to die at eighteen (seven years before Pepe’s own death) of non-Hodgkin’s lymphoma.

My Uncle Emile was sent home by the Navy in 1942 and nursed full-time in his final month of life by my mother, a registered nurse, beginning just two days after her marriage to my father. Pepe was my mother’s connection to Marianna and to her brother. At twenty-eight, Mary Caroline Leduc Shanahan already had known loss of impressive proportion: her mother and the love a mother, her beloved baby brother, and now the father she adored. As I attempt to gently place these memories back in the farthest recess of my mind, I weep for all her loss.

Peg: My first thoughts of Mum being motherless go back to her story about her earliest memory of Marianna. She said she did not have a memory of her mother’s face. She did have a memory of burning her hands on the wood stove when she was eighteen months old and of her mother’s hands on her wrists pulling her hands off the stove, and a memory of then turning and burying her face in her mother’s skirt. She had third-degree burns on the palms of her hands which were scarred, for life, as you know. So to me, and I think to Mum, those scars were emblematic of the loss of her mother.

I wish I had understood her losses more when my mother was alive. As I grew older, got a degree in nursing, and read about depression, I’d come to believe that her sadness and melancholy evoked an underlying depression, but I’d not thought enough about its underlying cause, particularly the absence of mother love, which was addressed only in limited fashion in any of the literature I’d read in nursing school. In the interview, I ask my sisters, Peg and Cathy, about her sadness.

Peg: I’m certain it is something that can never be compensated for . . . there was a hole in her being that could never be filled, a loss that could not be reconciled. So that melancholy, that sadness were very much a part of her. She berated herself over it; she saw no reason why she should be so sad or feel that way. There’s a story of her feeling sad and listing all of the reasons why she shouldn’t be sad. Top of list was that she had such a good man in Dad and that she was fortunate he was so good to her. In addition to his deep love and respect for her, he made certain she never wanted for anything. She had everything she needed and more, so she was making a list. ‘Why, I have all the major appliances.’ That year she had gotten the TrashMaster for Christmas. She had a wry sense of humor, and we laughed.
Cathy: I sometimes wonder if her loss and that hole in her being that Peg describes are why she had the eight of us. And she always was collecting things. So once we kids were grown she collected dolls, she collected china, she collected bells, clocks, all kinds of things. Perhaps she was trying to fill that void.

Cathy may have a point, but I cannot believe my mother had eight children because she had to fill a void in her life left by the loss of her own mother or due to the accumulation of losses in her life. Having so many children was hard on her and on her body. I believe she welcomed all of us, never regretted us, but the pregnancies took their toll. And I recall her telling me about the time my father picked her up at the nurse’s residence when she was a student. She only had a short break that evening so they walked around the area and spoke of their lives together, planning ahead. Dad asked how many children she would like to have and she answered, “I think two or three.” They continued walking, he kicking stones along the way, both hands thrust in his pockets, saying nothing. Finally, he stopped and looked at her and said: “I always thought I might like at least four, perhaps five children.”

Considering my mother’s love of collecting, I believe it began as a way for my parents to spend time together poking through antique stores, an interest they shared. Yet, having grown up with very little in the way of material wealth certainly could have influenced her need to collect.

Peg: The Christmas she was eight years old would have been Christmas of 1929. Aunt Dora [one of Pepe’s and Aunt Becca’s sisters] died the previous spring and the stock market crashed in October. Her sudden death was another loss for those children. Aunt Becca told them there would be no Christmas because there was grief in the house and no money. Mum cried and cried. When she got up Christmas morning there was a doll for her. I don't know if the other kids got a gift, but she got the doll. She still felt guilty about that doll because she knew she had cried for it. [Photograph at right shows Mum with her Christmas doll the following spring.]

Cathy: I remember Aunt Florence [one of Marianna’s two younger sisters, Florence survived my mother] saying she and Aunt Helen provided Mum with clothes, possibly hand-me-downs but of good quality, including the dress Mum wore when she met Dad at age fifteen. And of
course she grew up in the Great Depression which complicated a lot about her life: Pepe had to go as far as Vermont for work and he was away from the family from Sunday afternoon till Friday night every week for a very long time.

Peg: She told the story about going through most of high school with two knit sweaters and one skirt that she would keep washing. She started outgrowing them and the sweaters got tighter and tighter across her chest. But they were good quality clothes, apparently, and they lasted.

Cathy: And there is the story that it took a while for someone to realize she needed a bra and help her get one, and I think it certainly was not Aunt Becca.

I recall growing up in the early years with little in the way of material things but never feeling I was deprived. I also recall that Mum had developed an awareness of and a taste for quality. We all knew that, given the choice, she would pick the more expensive item from a rack, but also that the item would be of such quality it would last for a very long time. And from her, we learned to treat the things we had with care. My sister not long ago gave one of my nieces a toddler’s winter wool coat with leather buttons and matching overalls and cap. It had been purchased for her father, my third brother, when he was eighteen months old in 1951 and passed down the line. Not only was it in near-perfect condition, it was in style. These were things my mother learned on her own and taught us. What she did not teach us were, as Peg calls them, feminine arts or wiles. And that would have been rather a challenge for us anyway, growing up with five brothers. Mum did not teach us how to use make up because she had not learned, nor did she wear it. Her clothes were practical and tailored with classic lines as were those she bought for us. And from grade school through high school we wore uniforms at the Catholic girls’ school we attended.

Peg: She did have some badass hats though! She was very careful about her person, her hygiene, and taught us that as well. You know we were germ-phobic or focused all the time growing up because she was a nurse and was very conscious of that. She also was conscious of how she and we presented ourselves. But as far as decorating herself she really didn't do that at all. And I do not think she felt that she actually was pretty or beautiful, though she was. She always believed she was too heavy.
Cathy: I agree with you. We were presenting ourselves to the world every time we went out and she instilled pride in us for our appearance, and of course—never go out with holes in your socks or your underwear!!

Peg: I think about her stories and the life experiences or lack of experiences that brought her to where she was in life. She’d kill me with her stories: they always brought her to a sad place.

But my mother loved to laugh and she enjoyed life despite the sadness that would so often creep in. When she laughed, her whole body laughed with her, and sometimes she was just a bit crazy.

Peg: One St. Patrick’s Day when Mum was working at Dad’s shop, she decided it would be fun to have green rinse put in her hair—a Kelly green rinse. When Dad saw it, he said ‘nooooo, no, go back, and get that washed out.’ She had personality that way and I’m sorry he squelched that particular thing. He wasn’t seeing her sense of humor in that green hair.

Listening to the story of Mum’s St. Patrick’s Day prank, I can imagine Dad, a great prankster himself, chuckling behind his sternness, eyes twinkling, perhaps regretting the decision but not wanting my mother or his business to be objects of ridicule, his sense of pride overruling his sense of humor. I wonder how she took it and how they discussed it at the end of the day. I have had this great confidence all my life that they talked everything through and were equal partners in every one of their decisions.

Cathy has long told another wonderful story about Mum’s comic surprises. She and Mum were on a shopping outing to buy Mum spring clothes in a women’s specialty shop several towns north of home. Cathy was twenty-five and had a boyfriend (they are companions still). As they drove north, Mum suddenly had a question.

Cathy: Right out of nowhere she asked if Michael and I were having sex yet. I was driving my usual eighty-plus miles an hour. I got so rattled I almost missed the exit from the highway, so swerved sharply to make it. Mum ended up on the floor under the dashboard shaking with laughter. I pulled over to help her get back on the seat. She continued to laugh, off and on all day, at how she had ‘got [me] good.’

We grew up in a strict Catholic home but Mum was always reasonable. Some of it surprised me, given that her upbringing was extremely strict. She worked at being a good mother and a good wife without having had a model for how either relationship looked.

Cathy: I believe both Mum and Dad knew that strictness had to be tempered with understanding. They both knew who they were and could look back at their own upbringings...
and see what worked and what did not. And I think at some point they were able to change with the times.

I also think Aunt Becca had been so very strict with Mum and Auntie because of her responsibility and perhaps her fear they would become pregnant as had Marianna and thus cast a negative light on the family and on her as caretaker. She was much gentler and far less strict with us than she was with Mum and her sibs. Raising her brother’s children had been overwhelming for her.

For a long time, I have wondered if my mother found it hard to accept affection because she grew up in a home where she didn’t experience maternal affection. As we got older it became more difficult for Mum to accept hugs from us; she would stiffen up, which she never did when we were younger, as babies or toddlers or preteens. She never stiffened up with Dad that I saw. Dad was the hugger for all of us.

Peg: Shortly after the family moved to this house, Dad went to embrace Mum and she stiffened because she thought Aunt Becca might be nearby [Aunt Becca moved with us from Graniteville to Lowell in 1955 from the compound Pepe had built]. Dad pulled Mum back and said ‘this is my house and I will hold my wife in my house.’ They both told that story. Mum never rejected affection in any way that I recall. She would always receive it, warmly. But she was not able to initiate it.

Cathy: I agree absolutely: she never rejected affection. But to initiate affection was very hard for her except with babies and with young children. I think we’re forgetting that when she lost her mother she also lost the support from her maternal grandparents (and there were no paternal grandparents). The door was closed on some of that affection for a long time because they blamed Pepe for Marianna’s death.

It was hard to accept the change in the way my mother demonstrated affection toward me as I grew older, though I tried to understand. I never felt unloved but I was aware of the difference in physicality. I wondered aloud to my sisters if they had any sense of that distinction.

Peg: I clearly remember the time I noticed Mum coming toward me with outstretched arms, giving me a hug, and kind of scooping me toward her. It was the year she died. She’d come home from a trip to California and had things to tell me. She just opened up her arms. ‘Oh, Peggy,’ and gave me a hug. It was 1993 and I was thirty-eight years old. It was striking, the difference, in that opening of her arms. It was new.

I remember that trip to California. I had business on the West coast, so I was able to be at my brother Dan’s home when Mum and Dad arrived. Another brother, Kevin, had flown with them to help make their traveling easier. I, too, was struck by Mum’s open arms for everyone. I can still see her
coming across the room to give me that hug. Later, I’d thought about her insistence to see grandkids she had not seen in several years and how the trip must have felt like a last journey in some way for her. This was confirmed when, after her death, Dad found all their financial paperwork up to date and labeled for him, including end-of-year work for taxes. It seems she’d had a foreboding.

* * *

The phone startles me. I look at my watch. It is 7:08 PM. Saturday night. December 11, 1993. I walk the few steps from my living room to the foyer and pick up the princess phone on my desk. My tentative hello is greeted with, “Maryanne, it’s Peg.” Her soft voice is deliberate. I sit down, bracing myself.

“What’s wrong?” I ask, fear choking me.

“It’s Mum. She’s had a massive coronary and is at Lowell General. She’s unconscious. In coronary intensive care. On a ventilator.” I cannot speak over the cry I force back down my throat. My Fox Terrier, Lizzie, gets up from her nearby bed, comes over and puts her head on my knee, staring directly at me, offering comfort. I want to pick her up, hold her warm live body. I pet her.

“It’s not good, is it,” I say as soon as I can get something out.

“I don’t think so,” she answers.

I tell her I don’t think I can get out of New York that evening with the weather we’re having. “It’s worse here and I think you will have a tough time getting into Manchester or Logan till tomorrow. It’s supposed to stop overnight,” Peg says. I tell her I will be on the first shuttle I can get from LaGuardia in the morning.

“How is Dad?” I ask.

“You can imagine,” she answers. “We are at the hospital now and he does not want to leave. Tim and he were downstairs in the basement at the house when they heard a terrible thump and came running upstairs to find her. Tim had just walked down to the basement to visit Dad who was working at his bench. On his way home, Tim decided to stop in for a quick visit and found Mum singing at the stove, fixing Saturday night supper. He had about a 30-minute conversation with her. He was the last one to speak with her, Maryanne. Mum and Dad were expecting Patrick, Cathy, and me for baked beans, brown bread, the usual. You know.”

“Yes,” I say, memory of the aromas tickling my nose for a moment.

“Patrick drove down the hill just as the ambulance pulled up to the house and in anxiety skidded into one of the antique horsehead posts. He’s got a bump on his forehead but is ok.”

“God, Peggy.” I almost moan the words.

“Yes. You know, I thought to call her last night and did not. Damn. Damn.”

“Don’t go there, Maryanne; we need to be strong for each other and for Dad.”

“Yes. I know.”

I pick up Lizzie after I hang up the phone and rock back and forth, keening. She stays perfectly calm and lets me. Soon, I set her down with a hug, put on her leash, and head down the hall to my friends’ apartment. They are as comforting as they can be under the circumstances and agree to take Lizzie in the morning when I leave for the airport. Back at my apartment, I pace. Lizzie paces with me. I pray, or do I beg? that my mother not die. I pack haphazardly knowing what to take. After closing the suitcase I reopen it and put in a black suit, scarf, dress boots, and dress gloves, telling myself the entire time that if I have them with me I will not need them.

My mother was seventy-two when she passed away at 8:42 AM on December 14, 1993. It had been an agonizing time. She had advance directives that stipulated she wanted no extraordinary measures taken. Both she and Dad had DNRs posted on the refrigerator at home. In his terror of losing my mother, Dad had called an ambulance and the EMTs, by law, had to try to revive her, DNR or not, which involved intubating her onsite. Two EEGs (electroencephalograms) at the hospital confirmed she was brain dead. As a nurse, I communicated to the CICU staff and MD my Dad’s decision that he wanted her to go peacefully, not with an esophageal tube down her throat and noisy machines bothering her. The MD refused because he was “merely on call and not her primary care physician,” who was off for a long weekend. For hours I tried, contacting the VP of nursing and the hospital administrator, to plead for adherence to Mum's advance directives and ask for help with contacting her PCP. To no avail. The hours passed. Two days passed. We made efforts to keep Dad rested, and properly fed. Most of us rarely left Mum’s side or, at least, the hospital, taking turns sitting with her, having a chance to say goodbye to her. The last night before her death, a brother, a nephew, and I kept vigil. It was the longest and shortest night of my life. I alternated between fury and remorse and fear. I used every chance I had to press for her release from the tubes. I contemplated extubating her myself, which I could have done, former CICU nurse that I am. But I knew I could be accused by the hospital of abuse, of malpractice, of killing her. At 6:15 AM, as the sun began to rise, I called my sisters and suggested they get Dad up, give him breakfast,
and come; I could tell her time was near. They spread word to everyone. By 8:00 AM, all of us—Dad, his eight children, one of his daughters-in-law and several of his older grandchildren were quietly around Mum’s bed. Dad was at the side of her bed, holding her left hand with both of his. Each family member moved forward to say goodbye then away so another could move forward. I was at the rear of the group, having had her to myself most of the night. The space was curtained off.

Around 8:15 AM, I feel a tap on my shoulder and turn to find the VP of nursing peering round the curtain. I step outside. Before me, with the VP of nursing, are the PCP and the on-call MD. “We are here to remove the tubes.” It is all I can do to not scream at them but instead quietly hiss—“Leave us alone. Do you not see what is going on here? Your presence is unwanted and your response is too little too late.” I go back behind the curtain in time to hear Dad telling Mum that it is okay for her to go, that he knows she does not want to leave us but that her body has given up and it is time. His voice cracks as he says, “She squeezed my hand!!” How can that be?

After my mother’s death, while waiting for the MD to pronounce her and the staff to at last remove her tubes, we stand en masse, in our grief, in the waiting room area. Her PCP arrives to extend condolences. As I move to say something unwelcoming and accusatory, my father, recognizing my intent, gently puts his hand on my arm to deter me. Ever the gentleman, he thanks the PCP for his courtesy.

A nurse comes to tell me my mother is ready. I’d made it clear no one was to touch her beyond removing the tubes. My two sisters and I will perform “last offices”—that is, the rites of final care of the body. We will gently bathe her, perform oral hygiene, brush her hair, put on a clean gown, change the bed clothing, place her arms outside the covers hand over hand, and prepare her for final viewing by Dad and the family and then for shrouding and transition to the morgue. It is a ritual I had performed many times as a nurse, with dignity and respect, and I want to accord my mother that same dignity and respect. It is a healing time for the three of us—Cathy, Peg, and me.

* * *

I still feel anger and animosity toward the useless PCP. I’d realized, upon encountering him outside the curtain, that I’d known him twenty years earlier when he was an internal medicine resident at the teaching hospital where I worked in the former Panama Canal Zone. We nurses despised him for his profound incompetence. My sisters told me that Mum had not been feeling well and the PCP had ordered a prothrombin time on the Tuesday before her death. (Prothrombin time is a blood test that measures how long it takes blood to clot. It can be used to check for bleeding problems and to check whether medicine to prevent blood clots is working. The latter was my mother’s issue.) Results came
back Thursday but the PCP said it was okay for her to wait to see him and make modifications to her meds when he returned from his long weekend. I believe that if I had known he was my mother’s PCP, my mother would not have died then. I would have made her change PCPs as soon as I knew. How had he ever come to Lowell, Massachusetts? All these years later, I still feel overwhelming guilt.

If only . . .

As I write this, my mind is a tumult of images of the days immediately following my mother’s death. All we siblings pledged to stand tall and strong for Dad—models of composure throughout the services. We succeeded, but not without difficulty. And, as a result, I do not believe any of us ever fully grieved our loss—for my mother twenty-four years ago or for my father sixteen years later. Why else do these tears spring so readily still? I am reminded of Joan Didion in Blue Nights speaking about her daughter, Quintana Roo, five years after her death: “I find myself thinking exclusively about Quintana. I need her with me.” Later she says: “I can now afford to think about her. I no longer cry when I hear her name. Yet I need her with me.” Well, I need my mother with me, and I cry, not when I hear her name, but when I pause to think about her, as in this memoir. I need my mother present with me. I miss my father just as profoundly, but the need, and my sense of his absence, is different. Of the women I interviewed, and whose stories follow, each and every one of them need their mothers with them. I do not believe the feeling ever leaves a daughter that she needs her mother—nor, as in Didion’s case, does a mother ever cease to need her daughter—no matter when in life one loses the other.

“Grief is like a long valley, a winding valley where any bend may reveal a new landscape.”
C.S. Lewis

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The Journey Continues—Daughters of Motherless Daughters

“The memoirist is never just the teller of other people’s stories, but is a character in those stories.” ¹⁰ Richard Ford

Sherry Kersteiner Cobb, Union, ME

Sherry Cobb is a friend of sixteen years. We met in Camden, ME, as innkeepers. We share similar passions and are mutual cheerleaders for each other’s projects, especially in writing. When I described my master’s topic, Sherry proffered that both her mother and her mother-in-law had lost their mothers at early ages, as had Sherry’s father. The similarities in circumstances suggested to both of us the value of her being interviewed. Sherry is now seventy-four. She and her husband, Bruce, have two children and two grandchildren.

We sit in a cozy room in Sherry’s comfortable home overlooking acres of virgin Maine forest, a breathtaking expanse of pristine beauty. It is a clear August day in 2017 and, after months of discussion, we at last will record her stories. Sherry is warm and open, self-confident and humorous. She is not anxious about the interview, only about my getting what I need. She has much to tell.

Sherry: My mother (Margaret Schuber Kersteiner) and my mother-in-law (Effie McDonald Cobb) both lost their mothers when they were children. Coincidentally, each was seven years old and the eldest of their siblings. In my mother’s case there were four children and in my mother-in-law’s, three. My father lost his mother when he was three years old. My mother and mother-in-law both are deceased, as is my father. My mother lived until she was ninety and Effie until she was one hundred and three.

Both of Margaret Schuber’s parents had emigrated from Europe (Austria and Hungary) and they met in Hamilton, Ohio. There were no relatives anywhere close to them when her mother died at age thirty-two from appendicitis. Sherry’s mother had a vivid memory of sitting in the parlor of their home, packed, dressed, and waiting for a car to take her and her three siblings to an orphanage. It was 1929. There were no phones, so someone

came to tell them the orphanage was full. They would stay home with their father and the city would send a housekeeper and pay for that housekeeper. For close to six years the housekeeper came daily. Margaret recalled being treated especially badly by her. For example, Margaret would come home and find anything she might have left on her bed thrown outside on the frozen or muddy ground. She had no good memories of the woman. When Margaret was thirteen and in high school, the city decided she was old enough to care for the family herself and the housekeeper was discharged. To Margaret’s everlasting gratitude, a teacher in the school encouraged her and helped her continue in school, and to graduate, while taking care of the family.

Sherry describes her mother-in-law Effie McDonald’s tragedy as being “like a train wreck.” Effie’s parents died within a week of one another during the Spanish flu epidemic of 1919. The family lived in lower Michigan and also had no relatives close by, so the three children—Effie, George, and Viola—were sent to Wisconsin, the part of the state that abuts the upper peninsula of Michigan, to their mother’s mother. A couple of aunts lived in the town as well. For some reason this arrangement lasted only a few months; the grandmother was unable to keep them. So Uncle Angus, their deceased father’s brother, took the train to Wisconsin and brought the children back to his farm in Onaway, Michigan, where he lived with his wife, Belle. Angus and Belle were childless. It was a Spartan life in a log cabin with a dirt floor, no heat or water. They slept on the ground covered by deer hides. (Later Angus built a huge barn and a Sears & Roebuck home on his property.) The three children were very young but they had chores, including lugging water in pails from a distant spring. Aunt Belle was extremely harsh with them and showed no love or affection. At some point she adopted a young boy, Clint, after he lost his parents and
was far more caring toward him than to her husband’s relatives. In fact, Clint eventually inherited the farm. When Effie reached high school age she was sent to a distant town because there was no nearby high school. She lived with a physician’s family and took care of his children, much like “an indentured servant,” she told Sherry.

Sherry’s father, Jim Kersteiner, was living with his parents near State College, Pennsylvania, when his mother died at age thirty-two of tuberculosis, which she possibly contracted while working in a factory in Pittsburgh. He was three. His father returned to Hamilton, Ohio, to the home of his mother (Jim’s grandmother). Years earlier, she had been left a widow with three sons when her husband walked into the woods, then shot and killed himself. She was pregnant with her fourth son at the time it happened. Afterward, she survived by taking a job as a janitress at a local school. When Jim and his father moved in with her, two of her sons also were living with her. She never adjusted to the need to raise Jim, yet another generation. And Jim never forgave his grandmother for the nasty way she treated him. Well into his eighties, when Sherry explored his history with him, her father was still resentful. He felt he had received no love or affection from his grandmother.

Sherry: What stands out is how harsh and mean these three surrogate mothers were. I understand their circumstances were difficult, even more than difficult. And tough times continued. But to choose to behave so miserably toward vulnerable children was just unnecessary in my mind. What also stands out is that my mother, Effie, and my father became decent people in spite of their harsh lives growing up. They all were good people. They were not perfect; no one is, but they were kind, decent people.

Sherry describes her own mother as being kind, caring, and hard-working but with no sense of humor and an inability to show affection.

Sherry: My father was in the Air Force and my mother spent a year alone with us while he was in Okinawa. I am the eldest and have three brothers. I remember her crying almost the entire time she was pregnant with my youngest brother, the fourth child, because she had only wanted two
children at most. But young Jimmy is wonderful and I think became her favorite. She was more demonstrably loving to him than to the rest of us, I believe.

Although Sherry’s mother read a lot and kept a dictionary on her lap to look up words she did not know (which made Sherry feel proud), she did not read the type of books Sherry enjoyed. She read books akin to romance novels. Sherry considered their conversations limited. Her father, whom she adored, read a lot and their conversations were more satisfying to Sherry. Her father had a wonderful sense of humor, she says, and was very loving and affectionate to all of them. She remembers him always coming into the house from work and heading to her mother to give her a kiss: “I always kiss the cook.”

Sherry: I should say I was fortunate to see that loving relationship between a married couple. Given that neither one of them had models of good parenting or good marital relationships, they figured it out. They were amazing in the depth of their love—for seventy years he adored her and she adored him.

But I had a very insecure adolescence. We moved a lot because Daddy was in the Air Force. I went to three schools during the seventh grade. I changed high schools. I needed somebody to help me feel more confident, to perhaps pay more attention to what I might have needed to fit in, like clothing or hairstyles or dancing lessons or I don’t know what. Something. And I thought that should have been my mother. It wasn’t. There really was no one to help me with that. I resented it and I still resent it.

So when my daughter was an adolescent, a teenager, in high school, I made sure she had what she needed to help her fit in—the proper hair style and cut, the right clothes, the right opportunities. We did not go overboard, but I was determined to be aware and to not let her be in a similar situation to what I had been. And I am proud to see her as a grown woman: confident, talented, highly regarded and successful professionally, and a very good parent to our two beautiful grandchildren.

I suggested to Sherry that her mother had not had the experience, in her own childhood, that might have given her the understanding or wherewithal to respond as Sherry wished she had regarding clothing, make-up, and hairstyles. No one had taught her how. I grew up similarly, as did my sisters. A lot of things I had to learn from my friends in high school and college. That was just the way it was.

Sherry: Yes, except that as parents what you do is to observe what other couples do, what other families are doing. You work to figure it out. And I think she could have done that for me. She was popular in high school, was considered pretty. I was a good student, smart, but I did not consider myself pretty. And, actually, my father did not help that much either. As much as I
adored him, one day when I as an adolescent I was looking in the mirror, trying to figure out what to do, who I was, he came by and said “What are you looking in that mirror for? You are not pretty.” That was devastating.

It was difficult obviously, and these discussions bring it out. I certainly am self-confident now, but it took quite a while.

I guess in thinking about all of these stories, I believe people overcome things. And you never know where they learned to be good people, if they turn out to be decent people like my mother, Effie, and my father did—better people than those who raised them in such nasty ways. It could have been a teacher, like the one who encouraged my mother to stay in high school. It could have been a next door neighbor. You know, someone who kind of adopted the child, thought she or he was worth the trouble, and so helped them feel better about themselves. I think it’s hard to feel good about yourself unless there’s somebody in whose eyes you can see a good reflection of yourself. So somewhere along the way they all had other influences in their lives that helped them be the people they became in spite of all the harsh tragedy they lived when so very young.
Audrey Wagner Deadmon, Burlington, NC

One Sunday at a church luncheon I was chatting with other parishioners at the table. Someone asked about my master’s project topic so I briefly explained. Audrey Deadmon quietly told me her own mother had lost her mother at a young age. At ninety-four, Margie Freeze Wagner is in a skilled nursing facility with dementia. She has only intermittent moments of lucidity so is not herself a candidate for an interview. Audrey, seventy, is married to Phil Deadmon. They have two children and three grandchildren. Audrey taught first grade for thirty-one years and Phil is a retired high school principal.

We sit in the living room of Audrey and Phil’s lovely home. It is comfortable, tastefully appointed, and full of light. She loves family photographs, which are everywhere—on the living room walls, on the staircase walls, on the tops of end tables and the piano—and from several generations of both Audrey’s and Phil’s families. Pride of place is taken by photographs of Audrey’s mother and father during the 1940s. Later, Audrey proudly points to Margie’s outfits in the photographs, which Margie made herself. Audrey has prepared photographs and memorabilia for me to choose from for the project; I will take them, scan them, and choose later. She has extensive notes and is ready to begin, though a bit nervous.

Margie’s mother, Audrey’s grandmother, died in 1932 at the age of thirty-one. Margie was eight years old and the youngest of five siblings. A sixth child, younger than Margie, had died in infancy. Margie’s mother had tuberculosis. She also suffered from postpartum depression and probably had some type of mental illness.

Audrey: My mother has no memory of her mother. She only recalls that there was a sick lady in a separate bedroom and they could not go in to see her. She remembers her father going to Morganton to visit that same sick lady when she became very ill. She did not realize it was her mother.
When her mother died, Margie’s maternal grandparents came to live with the family and to help raise the five children. They were very strict and Margie’s father was very strict. She recalled him using the strap on her for playing outside with the animals. She spent Sunday afternoons confined to the house doing Bible studies at his behest. She had a terrible fall down the stairs at about age eleven and neither her father nor her grandparents thought there was anything wrong with her so she never received medical attention.

Audrey: To this day she [Margie] has a crooked spine. She often told me how difficult it was for her and how painful to go to church and sit on the hard benches. She would cry the pain was so intense. There were many times in my life when she told me I had no idea how difficult it was to not have a mother.

Audrey recalls that her mother was her teacher and supporter but it was her father who gave affection. His affection was demonstrative—toward her mother and toward her.

Audrey: I think of my mother as loving but in no way did she—or could she—demonstrate affection. Even today when I go to visit and lean over to hug and kiss her, she cannot give back. My kids love her to pieces but they have always remarked that her arms would go limp at her sides when they would hug her. The only time that did not occur was when my daughter married and was leaving for her honeymoon. She gave my mother a hug and Mother hugged her back completely, holding on for several minutes. Such a surprise. I remember it always was my father who kissed Mother goodbye before going to work and when he came home. She never that I can recall initiated affection toward him.

Audrey recalls her mother’s anxiety about a number of things. For example, if they were planning to go somewhere and rain seemed imminent, her mother would suggest they not go because it looked like rain. If they needed to buy something for the home, her mother would decide they had better save the money in case someone got sick.

Audrey: I am sure so much of that had to do with how she was raised and when she was raised, in the Great Depression. She very much preferred to be at home. I always wondered when we did socialize why it was at other people’s homes: she was terrified to entertain. When it was her turn to feed the visiting minister on a Sunday after services, she would be in a tiff for weeks.
before. The house was always spotless but she almost obsessed about it being clean when people came. And I developed the same anxiety and lack of confidence about entertaining from her. I am better at it now, thanks to my husband and my mother-in-law. She loved to have people over and it did not matter how her house looked. What mattered were the people. My daughter takes after my mother-in-law in that respect.

Audrey’s mother had a great deal of confidence in her clothing and her style. Margie had learned to sew as early as age eleven. When her father’s sister, married but without children and with some wealth, would give Margie lovely dresses when she was finished with them, Margie would alter them to suit herself. So she learned to sew and to sew very well.

Audrey: Her ability to make high-end-looking clothing throughout her life, including for me, was a gift for her. She had great style. She was always looking though magazines for ideas about the latest trends. I loved to go to fabric shops with her, to look for patterns and to find just the right fabric. I did not get the sewing gene, but my daughter did! And to this day, Mother always wants to look her best, even in her dementia—to be dressed well and ready for the day, with her hair done and her jewelry on (costume jewelry now, in the facility);

Audrey is an only child. Her father, a watchmaker, had polio when he was young and therefore minimal use of one arm and hand. Margie and her husband made the decision to have only one child; they were uncertain they would be able to afford a larger family because of his disability. He did well as a watchmaker, and later in the marriage he opened a jewelry store. Margie worked there with him after Audrey graduated high school.

Audrey: My father died twenty-one years ago and I miss his love and affection. But I am grateful I’ve had my mother in my life for so long. When I look back on it all as a result of this process, I realize my mother was very reasonable with me. She had lived under such strict rules so she decided she would not be like that with me. She wanted me to go places, do things, see and experience things—all that she had never been able to do. She gave me so much in that regard. We’ve had a lot of fun together.
The Journey Continues—Motherless Daughters

“Nothing prepared me for the loss of my mother. Even knowing that she would die did not prepare me.”
Meghan O’Rourke

Gail MacKenzie Michalak, Voorheesville, NY

Gail Michalak is a college classmate of mine. We graduated from a Catholic women’s college in Buffalo, New York. As students we lived in the same residence hall, so I knew her early on. She is one of sixty classmates who are members of an e-group I initiated after our thirty-fifth college reunion in 2000. A widow with two daughters and five grandchildren, Gail, seventy-four, is a retired educator. Her mother, Clara Mae (Clare) McLennan MacKenzie died in Messina, NY, in 1955 at age fifty-two. Gail was twelve.

Gail lives in a peaceful neighborhood in a community near Albany, in the home that she and her now-deceased husband built together forty-four years ago. Her home is comfortable and full of the memorabilia of life with her husband, children, and grandchildren. For example, photographs of weddings, sports events (two grandchildren are star basketball players), graduations, as well as annual school portraits chronicle that life. Evidence of her creative work with painting, decoupage, and other crafts is plentiful. She grew up in Messina. Gail’s parents, Dan and Clare, are from Canada, originally. They eloped to Messina to marry because Dan was Catholic and Clare was not. They stayed in Messina and eventually became naturalized American citizens. Messina is across the St. Lawrence River from

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Eastern Canada, an hour-plus drive to Ottawa and the hospital where Clare spent much of the last three years of her life. She was diagnosed with throat cancer when Gail was nine and had a tracheostomy during her last two years of illness.

Gail: I was shocked when she coughed and covered her tracheostomy. But I was a little girl, a protected little girl. I had been taught to cover my mouth and what she did seemed wrong and curious because I did not understand. I also remember her wearing large broaches at her neck when she dressed, to cover the tracheostomy.

Gail’s two brothers (now deceased) were twelve years and nine years older. She recalls how, as an adult, she had conversations with them that revealed family stories she did not know, memories she did not share. She resented that they had had the opportunity to have an adult relationship with their mother.

Gail: I believe the greatest impact on my life, of her death, was that I did not have an adult relationship with her, that I missed all they had with her. I resented not having those memories. And I resent to this day that I was shipped off to a girlfriend’s house for the last few weeks of my mother’s life. There was a hospital bed in the dining room. My mother’s sister, a nurse, came to take care of her during the final weeks. My brothers were with her when she died. I was not allowed to be. I guess my father, perhaps even my mother, my aunt, or all three decided I was too young. But I do still resent that decision. I was allowed to be at the two afternoons and two evenings of the wake and to attend her funeral. I remember around that time going as a troop with Girl Scouts to a teenage Girl Scout’s wake, someone I hardly knew. In retrospect, I think they allowed that so my mother would not be the first dead person I would see.

Gail describes her mother as an accomplished woman. Clare played piano for groups in the community and had a wonderful alto voice. Music was part of their home life always. When family came to visit, everyone sang around the piano for hours, and Gail remembers the Scottish songs very well. Her mother loved to dance. “Although a large woman, she was light on her feet.” Clare was an accomplished artist who drew and who also painted in oils. Gail also paints, but tells me that she cannot draw. And she remembers her mother made the kilt that Gail wore in Highland dance competitions.
When Clare died, Gail’s aunt stayed on for a year, having lost her husband six months before Gail’s mother died. She got a night-shift job at the local hospital. Gail was not happy about this. She and her father had become closer while her mother was ill and she was certain they could manage.

Gail: I think my Aunt Chris hoped they would become a couple but it just was not happening so she moved back to Canada. Then, about six months later, I was visiting relatives in Canada for a month, as I did each summer. The phone rang one day and I overhead an aunt say, ‘Oh wonderful. Oh, that is just wonderful. Of course she can stay another week.’ My father had married my mother’s first cousin, Bertha. I had known nothing about it. And I gave them a hard time. A really hard time. Poor Bertha. She never had children of her own and inherited this miserable fourteen-year-old. My father was just fifty-one and needed more than a teenager in his life. And I always thought he believed I needed a woman in mine.

Over time Gail came to appreciate the positive effect Bertha had on her life, realizing that she’d stood up for her and taken her part on many occasions. And, if Bertha had not been there, Gail most likely would have chosen not to leave her father but rather to attend a local college and live at home.

Gail: My life would have been completely different. I would not have gone away to college, nor met my husband, nor had the kind of life I had if Bertha had not been there for my father. And it was not easy on her. Not only did she have this miserable teenager, she had to make her way in a community that had deep love and respect for my mother. She made her way but it took a while. I soon realized that another wonderful thing about having Bertha as a stepmother is that she was family. I therefore was not estranged from my mother’s family as I might have been.

Yet, Bertha was not the woman Gail sought when she needed a mother’s love, advice, or attention. She developed a strong relationship with her best friend’s mother and visited her to talk, to receive advice and counsel on the range of things a teenage daughter needs from a mother. Though they had a close relationship, “she was not my mother,” said Gail.

Gail: I wanted to ask my mother questions, especially when I had children. ‘What do I do now?’ ‘What did you do in this situation?’ I truly missed her on my wedding day. I said it that day several times: I wish my mother were here. And I know my father was wishing the same. My mother and father had this amazing love. I know he loved Bertha; they were married thirty years! But he and my mother had a deep love. . . . She always called him Danny Boy. I wish I’d been able to observe that love as an understanding adult rather than as a child.

Gail had gathered photographs and memorabilia for me. One was a letter that her mother, Clare, had written to her father, Dan, just before she died in 1955. Gail gave me a copy for this project and also read it to me, choking up even after all the years. It is a beautiful last letter from Clare to her
husband and her child. The last line in the first column, leading to the rest of the note in the second column, was cropped in Gail’s copy to me. It reads, “And dear little Gail, help her . . .”

Last wishes, Clare, 1955
Linda Daniel, Durham, NC

I have been amazed at the circumstances which brought people to me and to this project. Originally, I met with Linda Daniel as part of Duke’s requirement to obtain a research librarian consultation before submitting my master’s project proposal. I had an intuition as we spoke but chose not to probe. So I was surprised, but not shocked, when Linda, at the end of the session, offered to help further if needed, especially if I needed more interviewees since her mother, Ethel Sarl Jones Daniel, had died in her sleep at age fifty-four when Linda was fourteen. Linda, now sixty-one, is married to Michael O’Foghludha. They have two sons.

No one in Linda’s family had any idea Ethel was ill. So it was a shock when Linda’s father woke her that morning to tell her that her mother had died in her sleep. It was New Year’s Day 1971. More upsetting was the medical doctor who pronounced Ethel dead. He told the family she had died of a heart attack, having worked herself to death. The suddenness of her mother’s death, and a sense of guilt that they might have caused it, had lasting impact on Linda and her siblings, and her father.

Linda: Added to my guilt was my belief that when I wished my father to die, at about age ten, because I did not like him very much at the time, my wish had been answered but by my mother dying instead. She truly did work very hard to take care of all of us and years passed before I realized we were not to blame. In those days therapists were not available and there was not the grief counseling that exists today.

Linda and I sit in a conference room at Duke’s Perkins Library. The room has one glass wall facing the book stacks of a lower level of the library. I suggest she sit at the table with her back to the glass and the stacks room, for greater comfort and less distraction. It is a completely different type of interview from all that preceded it and that will follow—constrained by the environment and not nearly as intimate.

Linda is the youngest of four. One brother is fifteen years older, her sister is thirteen years older, and her second brother is four years older than Linda. Linda’s sister married when Linda was six, so she...
was not living at home when their mother died. The eldest brother had just returned from an educational exchange program in Moscow and was living at home while seeking a professorship elsewhere; he left for Texas in the summer. The younger of her two brothers married shortly thereafter. This left only Linda and her father at home together.

Linda: No one ever is prepared for death, even if anticipated. In my case, the suddenness of my mother’s death and the fact that I was so dependent on her made her death all the more difficult. I was fourteen and never had washed my own hair; my mother washed it, as an act of love. I was dependent on her for so much. Although my father had left school in the seventh grade to help support his large family, my mother had graduated from college. They both strongly believed in our being educated, but it was my mother who read and I who read with her. She often read to me. We played games together at night, and the night she died we completed a jigsaw puzzle before going to bed.

Linda’s father “tried his best, in retrospect” to make things work for them after Ethel died. He “worked hard” at Liggett and Meyers in the tobacco room on his feet all day. He hired a woman to help with cleaning and laundry and he occasionally brought plates of food home rather than cook. He had “always done the grocery shopping so continued to do that.” Linda did some cooking but mostly read voraciously when not in school. Her father was depressed after Ethel’s death and did not date until much later in life. He would not remarry because he believed it would dishonor Ethel. Linda’s sister, who lived nearby in Raleigh and had no children, tried, after their mother died, to sort out what her role might be with Linda. She took Linda shopping, tried to help with things she thought Linda needed to know. Linda, however, believes she had more help from her peers than from her sister—perhaps even more than her mother might have been able to show her. Her maternal grandparents also lived nearby and the family would go there for Thanksgiving and Christmas. But Linda had the sense her grandparents blamed her father for Ethel’s death because he was unable to provide her with the home and financial comfort they believed she should have had as an educated woman.

Linda received a scholarship to attend Duke University and was grateful to leave home and live on campus. Then, in her junior year, she suffered yet another unexpected blow and loss: her best friend and housemate died in a hiking accident in the mountains. The tragedy compounded her grief. This
time, more resources were available to help with the necessary bereavement that she and other
students felt as they tried to sort out their friend's death. Shortly afterward, Linda left for France for a
semester and, in some ways, was “relieved to leave the situation and go somewhere new.”

Linda: But I think the departure for France reinforced and encouraged the feeling that you just
need to move on. And for me, that approach to loss does not take care of the grief. Being told to
pick yourself up and move on does not resolve the grief nor help one to process it. So I think I
only truly began to grieve for mother in my twenties. I remember sitting and meditating. I often,
after she died, wished I could conjure her up, but could not, so I guessed she was really gone.
This day she came to me in a vision. I asked her: ‘Why? Why did you leave us?’ And she distinctly
said back to me: ‘Do you think it was my choice to leave?’ Before that I had always blamed her
for deserting us. It was an eye-opener to realize she would not have chosen to do so.

Linda met Michael at Duke and they were married in their early twenties. They have been
together since their senior year of college and married for thirty-eight years.

Linda: I think we both were very lucky to find each other and I see that in many ways we grew
up together. I was really grieving for my mom during that time. He provided a lot of comfort and
was someone I could truly confide in, which helped so much. There were times when I just
deeply missed her. I remember this longing to have her, to have her strength, to have her
unconditional love. To be able to depend on someone. I wanted that someone to be my mother.

For Linda, the loss of her mother has left her with an abiding sense of impermanence, of the
uncertainty of life. It has impressed upon her that one cannot take anything or anyone for granted.

Linda: When my husband’s parents died, it was painful, yes, but to be able to say goodbye, to
tell someone you love them, is so important. I think about that with my husband and my
children. And, not that I want to go around all the time telling them I love them because, after
all, they are ‘twenty-somethings’ and not receptive to that. But her death certainly changed my view
of the world. It gave me a very strong need to protect my home and my family, to be in control
even if I know I cannot control.

I still miss my mom. I think I always will. I don’t yearn for her in the same way. But I
would love to have that maternal comfort. If she were here right now, I think I would just tell her
how much I love her.

The Daniel family, ca. 1969
Kari Myers Cooper, Greensboro, NC

Kari Myers Cooper was referred to me by my daughter-in-law. Hesitant at first, Kari soon decided to be interviewed; I sensed she thought it was important. Kari, forty-four, is married to Mike Cooper. They have three boys: Hudson, age ten; and Alex and Leo, identical twins, age eight. Though an attorney, Kari does not work outside the home at present. Her mother, Martha Mahood Myers, died at age forty-eight, in 1996, after fifteen years of illness. Kari was twenty-three. Kari and her sister, Kristi, who is seventeen months older, were born and raised in the small town of Parkersburg, West Virginia. They grew up in the shadow of their mother’s illness.

I pulled into the drive of the Coopers’ charming two-story home—in the middle of a cul-de-sac with mostly brick houses—exactly five minutes before our 12:30 PM appointment. By the time I exited my car, Kari was at her door, swinging it wide open, ready to greet me as an old friend. This side entrance opened into a small mud room, which led to a large, white, sunlight-filled, modern kitchen. The kitchen opened on one side to a family room the length of the kitchen and the entire front of the house. A cozy sitting room at the kitchen’s far end led to a pleasant outdoor patio accessed through French doors. Her home is as warm and hospitable as Kari. Each with our ice waters in hand, we settled in the comfortable living room. The family dog, Scout, had been excited to meet me but soon settled at our feet. We got to the interview promptly. Kari began to speak. It seemed as if she had something she needed to get off her chest and was finally ready to do so. I learned, after the interview, that this was the first time she had told the story of her mother’s death to anyone but her husband. It was an emotional session.

Kari: I remember my mother being led out of the daycare she directed in tremendous pain. She was hospitalized with kidney stones. I was in third grade; I was probably eight years old but do not remember exactly. My mother was about thirty-three. It was the onset of kidney disease and the multiple complications that would plague her the rest of her life. I am not sure what led her to need blood transfusions but in the 1980s transfusions were not as controlled as they are now. She developed serious blood—and other issues—from the transfusions. I never understood what they were because I was so young. But the problem was not transfusional HIV.
Martha’s case was baffling for her doctors. Kari recalls countless trips to hospitals in the efforts to diagnose the issues. Her mother was referred to multiple specialists in multiple medical centers: Cleveland Clinic, Duke Medical Center, West Virginia University Hospital in Morgantown, Pittsburgh Women’s Hospital. Kari recalls repetitive recurring episodes and hospitalizations over long years with little understanding of what was causing them. At one point, a kidney was removed, though Kari cannot recall when. Some years later Martha had an ileostomy, ever after wearing an ostomy bag. “She could not walk away from that.” A few years after her mother’s health issues began, Kari’s parents divorced.

Kari: My father was not a nice man. He kept the house and all the furnishings. He drove a Cadillac. We had no car. We moved around a lot and lived in some pretty small out-of-the-way places, walking long distances to school and to grocery stores. My mom could not work. My mother’s side of the family sent money, helping to feed and clothe and take care of us, setting us up with furniture at the beginning. I don’t know when we went on welfare.

As they grew older and Martha’s episodes continued, Kari and Kristi spent evenings with their mother at the hospital each time Martha was admitted. Both good students, the girls were serious and performed well in school and in sports. The illnesses pervaded their lives, yet Kari recalls growing up with a lot of love from their mother amidst the sickness.

Kari: She loved Christmas. She loved birthdays. She loved all the holidays—Easter baskets, Christmas stockings. We did not have much but she knew how to rock those stockings and to celebrate and make wonderful all the traditions she started. I had the coolest mom. Despite my mother’s illness, ours was the house at which everyone ended up. Our friends loved her. Kids young and older loved her. She was a child whisperer.

For each of our graduations from high school, two years apart, she was hospitalized so was given a pass for each day and taken to the ceremonies in a wheelchair by her nurse friend, IVs running.

Martha wanted both her girls to go to college; not going was out of the question.
Both graduated high school with just under 4.0 GPAs but even with scholarships they could not afford to go out of state to school. Both attended West Virginia University, only about a two-and-a-half-hour drive from their home, though neither had easy transportation from campus to home or vice versa. When Kari’s sister left for college two years before Kari did, Kari was devastated and lonely, the one left behind to be there with—and for—Martha. Kari recalls an incredible sense of relief when she got to college, an excitement to be “normal,” to join a sorority, date, and study without the burden of the illnesses and hospitalizations. “It was freeing to go away.” She chose to not go home until Thanksgiving break of her freshman year and still believes she hurt and disappointed her mother by that choice. “I think I was happy to be on my own.”

Kari: My mother never had complained or been a “poor me” person. She’d taken everything in stride. She did not hold us back. But by the time I was in my last two years of high school, she carried a lot of resentment and bitterness about being sick, about not working, about being taken care of by her mother at both their ages and by her daughter. She was not the same mom anymore. She was angry a lot. I think her fear came through in anger. She was depressed. At one point she was admitted to the hospital for depression, not for her usual medical issues. It seemed to just keep piling on. I think we all thought that at some point there would be a cure, a transplant, dialysis, anything. Something always interfered.

Kari recalls with emotion the last time she saw her mother outside the hospital. Home for the summer after one year of law school, Kari went for a run before work. In her mind’s eye, Kari still can see her mother drive by in the used car gifted by a relative some years earlier. “She honked and she waved at me and we made eye contact in the rear view mirror.” Martha was on her way for her usual blood work. As it turned out, she was admitted to the hospital and within a few days she was in a coma from which she never recovered. It was her birthday that week and Kari had bought her a gift.

Kari: My mother was transferred from the local hospital to West Virginia University Medical Center. My sister and I went up to stay with her. They decided she needed a liver transplant and transferred her, again, this time to Pittsburgh Women’s Hospital. There we were told she was not a candidate and could not receive any type of transplant. Her body was shutting down. She died in Pittsburgh, never having awakened from that coma. I returned the birthday gift. It was the end of July 1996. It’s almost twenty-two years and those two things stick in my mind: she drove by me and we made eye contact; I returned her gift.
When Kari met Mike the month before her mother died, she could not believe how normal everything felt in his family. She remembers their first Christmas after they met. Her grandmother was alive but very ill. Yet Kari left her home, her sister, and her grandmother and went to Mike’s home.

Kari: That house was so comforting to me, not just Mike, but his mom [a nurse with degrees in counseling and therapy]. If I could have crawled into those kitchen cabinets I would have. I experienced more comfort there than I ever had known. It was such a normal environment—volunteering at a soup kitchen on Thanksgiving, game nights. They just welcomed me right in. They actually had a Christmas stocking for me. My mom, who had loved Christmas stockings, was not dead five months and I had a stocking in that family. And Mike is patient, supportive, never flies off the handle, and is never temperamental. He has not varied from that behavior. Even now, when I have my moments, he is very patient and understanding. He was my rock when my mom died, and he still is.

When Mike finished medical school two years after Kari finished law school, they married and soon moved to Florida for his residency. She remembers being sad a lot in Florida. She had not had any healthy marital relationships around her while growing up; indeed, she’d had no marital relationships at all. In Florida, they were far from family. Florida was hard.

Kari: I just did not know how to be married. I didn’t know how to be a wife, how to be a lawyer. I was twenty-five and found myself married without really knowing what that meant. Whatever I threw at Mike, whatever junk I carried with me as I grieved, and when I didn’t even recognize myself, he had the patience to understand. I remember for a period not wanting to have kids because I worried I would get sick and I did not want my kids to sit at the hospital. Quite frankly, I had not wanted to do it for my mom. I did not want to put anyone around me in that situation, especially my children. But by the time I had Hudson at age thirty-five I logically knew that anything can happen to any of us at any time.

Kari dreamed about her mother for several years after her mother’s death. Initially, she found these dreams painful because she would “awaken to grieve all over again” but soon looked forward to the visits. For the longest time she would pick up the phone to call her mother about something, an act so many who have lost a loved one report doing. I myself have done so.

Martha never drank coffee but would drink her diet Coke from a coffee mug every morning. On her mother’s birthday and death day, Kari drinks a diet Coke from a coffee mug.
Susan Guill Smith, Concord, NC

Susan Smith was thirty-nine when we interviewed, one month shy of her fortieth birthday. She is married to Patrick Smith. They have two children, Kate and George, ages twelve and six. Susan's mother, Mildred Armstrong Guill, was diagnosed with cancer in April 1993 at age forty-two. She died September 3, 1993, two days after she turned forty-three. Susan was fourteen when Mildred died. Originally from North Carolina, the family had moved to Tampa when Susan was seven. Susan left Tampa and returned to Rocky Mount, NC, to live with an aunt when she was sixteen, leaving behind her father and her twelve-year-old sister.

It was a mild, sunny day in early October 2017 when I drove into the secluded driveway of Susan Smith’s home. On a corner lot at the end of a winding street in a mature neighborhood, the home is nestled among trees and bushes, not completely occluded from view, yet private. Red brick, with a white clapboard portico and white shutters, the one-level house is unpretentious, welcoming, and well cared for. The front yard is small and well-groomed; the sun shines on an intensely green lawn. The house exterior and its layout belie the size and sophisticated elegance of the interior. Susan greets me warmly. She is dressed in a short, flared, grey wool skirt; a black, long-sleeve, pullover sweater with narrow, white cuffs; and leopard-print flats. Everything about her is precise and fashion-savvy, nothing out of place. The kitchen is huge, well-appointed, and has lots of work space. The house is spotlessly clean. She leads me to the living room where she has placed a pitcher of ice water and two glasses on the table in front of the couch where we will sit. She has made notes. She has chosen comfortable seating. There are no distracting background noises. She is ready.

Susan was in the ninth grade when her mother died. Her mother, Mildred, was a Christian Scientist who did not routinely see a doctor, nor did she seek medical help until she was in more pain than she could bear. It was April when she was diagnosed with cervical cancer. She began chemotherapy
immediately. Surgery was performed but it was not successful. The cancer had metastasized. Mildred continued with chemotherapy for much of the summer but her body began to shut down. In late August, the children were told she would not recover. She died within two weeks. Susan and her younger sister had never seen a pediatrician while their mother was alive and they did not receive immunizations until after she had passed away.

Susan recalls her mother as independent, religious, energetic, hard-working, and pretty (a model when younger). According to Susan, Mildred was an excellent seamstress who made their clothes, their Halloween costumes, and the draperies in their home. She was a perfectionist. Determined to keep a clean home, she cleaned thoroughly and extensively. Susan thought of her mother as artistic in her approach to cosmetics, clothing design, and food. “Everything was a creation. She had great ideas; what she did was beautiful, like pieces of art when finished, even a pie.”

Susan: I can see what I have gotten from her. One of my passions is cooking. I do it for people, I do it for hire, and I love to cook for my family, as did she. She was a fabulous cook. I have the thoroughness she had. When I am asked to do something or told to do something, I do it and do it well. I follow the rules. I clean thoroughly; I take care of my home carefully. But I hate clutter, which my mother in spite of her cleanliness loved—papers, books stacked everywhere and as a child I could not stand it. And the religiosity was too much—church on Wednesdays and on Sundays and Bible study at home every morning before we went to school. I hated that, too. She died because of her religion. I will not repeat that. I am not as stringent about rules. There should be no absolutes.

In 2015, at age thirty-seven, Susan was diagnosed with breast cancer. It terrified her that she might leave her two children behind without her, especially her daughter, Kate, who Susan thought would suffer as she had without a mother. Susan gave birth to Kate at the same age her mother had given birth to her. The similarities haunted her. She had a double mastectomy.

Susan: The cancer was discovered early but I wanted to take no chances. My breasts had served their purpose of feeding my children and I no longer needed them. What I did need was to be here for my children. That is my worst nightmare—not to be here for them. Sometimes I am extremely paranoid about leaving them to go on a trip for fear something might happen to me.

Susan did not tell her daughter, who was ten years old at the time, that she had cancer. Instead, she explained that she “needed surgery on her chest to keep [her] healthy.” Kate was away most of the
summer during Susan’s surgery and recovery—sent to camp and on beach trips with Susan’s extended family—and asked no further questions. About a year later, while watching television, Kate said, “You had breast cancer.”

Susan: She put it together. I answered yes and that was all she asked till recently. ‘Am I going to get it? Will you get more? Do you have the gene? Do I have the gene?’ She knows I have been tested and do not have the gene; she does not have the gene. I answer the questions as they come. I want to be honest with her and yet protect her. We have a close relationship. She comes to me. I never would have shared with my mother the way Kate shares with me.

Susan describes her mother as not having been a hugger or a kisser. “We never said I love you; she did not have much emotion.” She was “sensible and practical and rational.” If problems existed they were not discussed because creating conflict was not permitted in her household. “To this day I do not like conflict.”

Susan: Patrick’s family is the exact opposite. If they are upset they talk it out or fight it out, give each other a hug and say I love you. They loved me from the beginning and I love him for making me feel like I came home when I met him. And Patrick is the opposite of my father. The fact is if I were to pass away tomorrow he would know what the children are doing, where they need to be, what they like to eat. He has been an active father, involved since their births.

Susan chose not to speak with her father at her grandmother’s funeral last spring. She could not forgive him for not coming to see his mother when she was ill, for not helping with her grandmother’s care. She has not forgiven him for beginning to date within a month after her mother’s death, for abandoning her financially and emotionally when she moved back to North Carolina, for not coming when her children were born, or when she had surgery. She has not forgiven him for the way he treated her younger sister, who, for years, took care of him. She has not forgiven him for not taking care of himself physically, for giving up his job and taking disability. The last time she visited him in Florida in 2014, he had fallen, broken his leg, and was in a rehab center. She went to help, bought him clothes he needed, and tried to organize his home.

Susan: I think he just stopped caring after my mother died. It has been twenty-six years and half her clothes are still there. A bottle of her Chanel N°5 is still on the bureau. It was just never good. There are no good memories. I had to cut it off.
Susan is close to the aunt, her father’s sister, who recognized the fraught relationship Susan had with her father and rescued her from it when she was sixteen. It was a good move for Susan, who, although she sees her mother in herself, always had a deeper connection with her father’s family. Her aunt, already the mother of three sons when she took Susan into her home, was—and is—Susan’s surrogate mother.

Susan: She is extraordinary and I am extremely grateful. When I got breast cancer, she is the one I called, who stayed with me and helped me through the mastectomies and reconstruction surgery. She is the one who was there every second of the way when George was born prematurely and had to be in the hospital for eight weeks. She took Kate and cared for her because I could not. I would not have had the wedding I had without her. She was the influence in the way I decorate my house, in the way I entertain. Yes, she has been my parent.

Susan’s aunt is a mental health counselor. She understood that it was critical to remove Susan from her Florida home. She also recognized when Susan, while in college, began having profound mental health issues. Susan had developed a fear of failure, a need for perfection, and an eating disorder that led to weight loss. Her aunt made certain Susan got counseling. “I would not have recovered without her.”

Susan: I have not had further counseling since college. I believe I am making good choices, conscious choices. I have dealt with the guilt I felt for leaving my sister, for getting to live the life I lived in college, for doing what I wanted to do. Now that the children are older I need to do more than clean my house, exercise, and cook food for people! I want to go back to school. Patrick is encouraging. He reminds me that I have the great advantage of being able to do everything I want, to explore anything I want.

She sees the good things she inherited from her mother—especially her practicality, which is what Susan misses most about her. And she knows the behaviors she cannot abide, nor wants to pass on to her own children: the strict rules, the religious fervor, the lack of emotion, and the lack of medical oversight, her own and theirs. She is determined that being motherless does not define her and, as a result, has kept her loss to herself.

Susan: I work hard to not wallow in the loss, to not be a reflection of that having happened in my life, to not have the loss define who I am. If I am asked about my mother, I simply say she passed away when I was young. If I do talk about it I do not go into detail because I do not want
to get teary-eyed by going back there to remember. It’s what happened. Nothing will change or alter what happened.

Susan shared her story with me through her tears. I found myself deeply saddened by her final words, knowing how wonderful it has been for me, over the years, to share stories about my mother, and to speak of her with my siblings. It has kept our mother with us.
Lori Smith Stephens, Concord, NC

Lori Smith Stephens and her husband, Brad Stephens, live in Concord, NC, with their two children. Their son, Parker, is eleven years old, and their daughter, Finley, is six. Lori and Brad lived in Greensboro, NC, until Brad was transferred to Concord several years ago for his job. Originally from Concord, Lori says she “went kicking and screaming” back to her home town. Concord was where she had returned in November 1999 to care for her mother, Mary Ann Kluttz Smith, who was diagnosed with stage 4 lung cancer. Lori, twenty-four and single at the time, had recently met and begun to date Brad. Mary Ann was sixty when she died in March 2000. Mary Ann and Lori’s father divorced when Lori was two years old. After the divorce, Lori’s older brother lived with their father, who soon remarried, and Lori lived with Mary Ann, who did not remarry.

I arrive at Lori’s home about 5:50 PM for our 6 PM appointment. Enough sunlight remains in the day for me to see her home clearly. It is a short walk from where I park in the small neighborhood of mixed-architecture homes. A one-story white clapboard ranch, with black shutters, built on a quarter acre in 1938, the house is dwarfed by two-story and three-story homes on either side and by two huge trees in the front yard, which shade much of the lawn. The house is welcoming and brimming with character. Lori, with an anxious look on her face, opens the door to greet me. Somewhere inside the house, a dog is barking incessantly. Lori ushers me quickly into a living space. I have enough time to glimpse vibrant colors: a deep, rosy pink in the small entrance foyer and a surprising celadon green on the wall opposite. Lori is a graphic designer. Colorful artwork abounds in her home against the shades of white and pale wheat colors on the walls and the furniture. In the tidy living space, framed family photographs are abundant. It is a comfortable space. Lori apologizes for Beau, the dog. I demure, though I am anxious about the recorder picking up the sound. The barking is a distraction for both of us and appears to be a source of anxiety for Lori. At last, I suggest she bring Beau out to see us, allowing
him, perhaps, to settle down. She agrees and, in the room with us, he does settle. Lori, on the other hand, stays anxious. She hasn’t read my preparatory email so the recording gets off to a rocky start. After about ten minutes of her responding to my prompting questions, Lori becomes slightly more relaxed in telling her story, though she remains uneasy. And she is tearful.

Lori: I remember I immediately dropped everything when she was diagnosed and completely moved home, in a huge hurry. Treatment had not yet begun. She was very, very optimistic. I was optimistic also but only because I did not understand anything at that point. One of the first few nights I was back home, I Googled ‘stage 4 cancer.’ As soon as it came up on the screen I just shut down the computer as fast as I could, thinking ‘I can’t think about this.’ I was like a kid.

The doctors informed Mary Ann that her tumor was too close to the spinal cord for surgery but that she had a twenty-percent survival rate with treatment. She agreed to chemotherapy and radiation treatment, telling Lori and her brother that she had an eighty-percent chance of survival with treatment. Mary Ann refused to allow either of her children to accompany her to her initial appointments, presumably so they would not discover her deception about her prognosis.

Lori and her mother had just one conversation about treatment. In that conversation, her mother remarked to Lori that if she were diagnosed with cancer, she would also choose to do everything possible to remain alive. “I am not ready to go and you would not be either,” Mary Ann said. Lori allowed that it was her choice. “I had to respect that,” she told me. Lori got a job in nearby Charlotte and a great aunt came to be with Mary Ann during the day. Lori’s brother would pick Mary Ann up for treatments in the morning. By Christmas Eve, her hair was falling out, her appetite was diminished, and she began to lose weight. By February, Mary Ann could not swallow because the radiation treatment had damaged her esophagus. She went from her normal weight of one hundred and fifteen pounds to just seventy-seven pounds, and was in and out of the hospital because she would become dehydrated. She would regularly go to the ER and be admitted.

Lori: The last time she was admitted for dehydration the doctor told us it was time for hospice. It was 10:00 PM and my mother said she wanted to go home right then. We took her home. It was a Tuesday. When the hospice nurse came the next morning she took me aside to tell me my mother most likely would not live much longer. She said Mom would know it was her time and
she might ask to sit up with me. She said ‘You will have a great conversation. She will want to know things and want to tell you things. She will then insist you go to bed while she sits up a bit longer.’ I couldn’t believe what the nurse told me: how does someone know? That was Wednesday morning. Thursday night my mother wanted to chat, asked me lots of questions about my life and about my boyfriend, now husband, who lived in Greensboro and whom she had not met. She then insisted I go to bed and made clear she could get herself to bed that night or would call if she needed me.

Several hours later, Lori awoke to a terrible smell and rushed to the kitchen to find her mother collapsed on the floor, alive, the teapot burned and the stove on. For an instant she thought of calling 911, then remembered the hospice nurse told her NOT to call an ambulance.

Lori: The nurse came right away. I called my family. When my brother arrived we picked Mom up from the floor and made her comfortable on the couch. She could not communicate but her eyes were open. I wanted to look into her eyes but just could not. I wanted to hold her but could not. I did not know what I was supposed to do. The nurse kept us calm and talked us through it. It could have been twelve hours or twelve minutes. I don’t remember. Then all of a sudden you hear this gurgling and it is the craziest thing to sit there and not be able to do anything.

Lori and her mother had never really been apart until Lori went to college. Until her mother’s death, Lori and her mom had talked every day, sometimes several times a day. The loss was devastating.

Lori: I still cry. Mom has been gone for almost eighteen years and I still cry. When we moved back to Concord, I could not go to the church I grew up in, where she was baptized, married, and celebrated at death. I could not go to church at all for a long time because I cry. She and I loved to go to midnight service at Christmas, so every once in a while I will go. But I have to go alone because I cry.

By this point in the interview, Lori was more forthcoming and the words were tumbling out through tears. In the extracts below, from parts of the remaining interview, Lori responds to my questions and tells her story.

Lori: I took only two hours of bereavement counseling when she died though they offered more. I just did not go back. So when my son Parker was born, it all came out. I was angry, I cried all the time, I was not mad at my child; I just did not want anyone around. Brad told my stepmother, a nurse. She encouraged me to see the doctor who gave me anti-anxiety medication, which helped tremendously. For the six months I was on it, I knew what was happening to me. I knew it was all about my unresolved loss, but I could just not manage that loss, and all that went with being a new mother without my mother. Parker has her eyes. Some days I look at him and I see her looking at me.

I never really had a mother surrogate after my mother died. Brad became my rock, and still is, and I am so grateful for him. My stepmother did all the planning for our wedding, but she could not be a surrogate, nor did she try. I just let the wedding happen around me because I had
not wanted a large, traditional wedding without my mother, though Brad did. I should have had my mother with me. I wanted HER with me. So I bought my dress and let everyone else take care of the wedding. I could not handle it.

Some days I’m just angry. Angry that she is gone. Angry that she left me. ‘You need to help me now’ or ‘How would you handle this? or ‘How did you handle that?’ And I know I was a pain, not always the best child because I caused a lot of havoc and heartache. She used to say she hoped one day I’d have a little girl who would be just as mean to me as I was to her. One day when Finley was two, she just dug her heels in and refused to put on the clothes I wanted her to wear. So stubborn. And I knew my mother had sent this beautiful child just to torture me.

I miss her. I miss her unconditional love, her unconditional ear. It is a feeling of not having a safety net. And yet as a mother myself I have to ensure my children feel that safety when I myself do not.

As I listened to Lori in person that day in October and re-listened to her interview when I began to write about it, I wished I were more than a recorder of her story. I wished I were a friend or a family member who could encourage Lori to get bereavement counseling, even now, eighteen years after her mother’s death.

“There are moments that the words don’t reach
There is suffering too terrible to name. . .”
Lin-Manuel Miranda

“Further than Guess can gallop
Further than Riddle ride-
Oh for a Disc to the Distance
Between Ourselves and the Dead!”
Emily Dickinson

Conversations about Mothers—“Outtakes”

“When I look back at those decades . . . I see how much alike we were, how much she shaped some of my most essential tastes, interests, and values.” Rebecca Solnit

In developing the individual stories, some excellent comments and material did not necessarily flow within the stories and, with my commentary, would have added considerable length to the work. I did not wish to lose them entirely and decided to excerpt and group some comments into the “conversations” below.

Fear of Loss in the Next Generation

It is not uncommon for children to hold silent the fear they might lose their parents. I learned from those I had interviewed that they had feared losing their mothers and that their own daughters had feared losing their mothers.

Gail: My children [two daughters] are forty-nine and forty-seven right now and they made it, they have done well, so I guess I did OK as a mom. But I do have to say I talked about my mom a lot when they were young and perhaps too much. It was only a few years ago when Kathleen, the eldest, married, and with her own children, finally told me how terrified she was that I would die. ‘I could not wait until I turned thirteen because I was so sure you would die while I was twelve years old.’ But I did not know. If I had known, I could have alleviated it, but I did not. And now that she has told me, she continues to let me know and to tell her children as well. So it had a great impact on her and I knew nothing about it. I only hope her speaking about it so often now does not frighten her own children.

Peg: I remember driving by Franco-American Orphanage [in Lowell], knowing that the kids at the school were kids who had no parents, and looking at the back of Dad’s and Mum’s heads in the front seat of the station wagon, silently begging, ‘please don't disappear.’ And I had a recurring dream that someone came to the back door selling black vitamins and Mum gave me six dollars to pay him. I knew she worked hard and was tired but everything about the man and the dream was cold and I tried to call out to her not to take them, following her up to the attic. But she disappeared and though I tried to call out to her, nothing came out of my mouth. I would wake up and worry till daylight that she might not wake up that day.

Susan: My kids know that I was young when I lost my mother. They do not know her specific age nor mine. I’ve been very frightened to tell my daughter that, only because my age and her age track so closely with my mom’s and mine. She just knows that I was young.

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Walks on the “Wild Side”

Several of the women spoke about the fun they had with their mothers, the “bit of crazy” that their mothers had and how they loved that in them.

**Lori:** My mother had a funny sense of humor even though she definitely had a difficult life as a single mom. She had a crazy streak, too. She loved to drive to the mountains in the fall on a whim. We could not go on vacations but did what we could. She was a fun-loving free spirit. I miss that.

**Kari:** My mother had a bit of “crazy!” By the time we were in high school, a relative had gifted us a used car. What mother do you know would drive by, over and over again, the house of a boy on whom you had a crush? What mother do you know would drive to boyfriends’ houses when we wanted to write on their windows with toothpaste that we loved them so they could see it when they opened the drapes in the morning? My mother drove us there and handed that toothpaste right on over. She always said ‘It is OK to have fun as long as you are not harming anyone.’

**Peg:** I like to think about Mum’s wild side and going “calooping” [her word for gallivanting] in the station wagon. We would leave the camp on a summer day. She’d make tuna fish sandwiches and would stop at the general store. Each of us [the youngest four children were, in some ways, like a family within the family] was allowed an individual bag of chips and our very own (glass) bottle of Coke; that was huge. She would follow those dusty back roads just to see where they ended up. This station wagon was a wood-sided Mercury.

**Cathy:** The station wagon had a V-8 engine so it could really move. She would go to the top of New Durham Ridge which was the highest point around, on Merrymeeting Lake. You could see Mt. Washington and Lake Winnipesaukee. It was a really great view. So from Merrymeeting Ridge down to the traffic lights at the bottom of the hill I’m guessing was at least a mile and a half, maybe two.

**Peg:** It’s a very steep hill. At one point you come up and there’s a blind spot because of overhanging trees down this steep decline and then you go up an incline. You can't know what's coming in the other direction. And it was at that point I guess she would just take her foot off the gas pedal and let that big car careen down the hill. So we had to get up to at least sixty to seventy miles an hour.

**Cathy:** Hate to tell you this. With the weight of the car and size of engine we were doing eighty-five miles an hour by the time we got to the bottom of the hill and the dip in the road. We
would scream go go go to see if we could get up the incline to the stop sign without more pedal on the gas. She loved the whole thing.

**Peg:** But where we really screamed was when we got to that dip and the entire car was airborne and then came crashing back down on four wheels. And she was calling out things like ‘we’re all going die.” It was scary. Really scary. But we loved it.

**Kari:** My mother and I would go watch my sister play basketball or my sister and my mom would come to my track meets and we could always hear her voice cheering in the stands. We still joke about that, really. ‘Please don’t be our mom, please don’t yell loudly and embarrass your children!’

**Susan:** We got up one day, and it was a weekday, a school day. She said ‘We’re going to Disney World.’ My dad would not go. Somebody had to work as I now see from an adult vantage. She just let us play hooky. We got in the car and drove the hour to Disney World. I can remember the haunted house. I can see her in the haunted house car with me now. What she had on and her SAS shoes, brown leather with a tassel. It was a little bit of craziness because she never stepped outside the rules. She was always so meticulous about everything. We did this twice and both experiences are just fun memories.

**Kari:** It was those “personal days” she allowed us to take every once in a while. Play hooky from school. Do girl things together with her. We didn't have money so we didn't do it often. And all the planets had to be in alignment: she had to feel well, she had to be home, and she had to have the energy. Maybe a little bit of extra cash. But we'd go shopping and we'd always have to stop and take a break at lunch and at the time our little town mall had a place called Broughton's which was a local dairy company with an ice cream soda shop. She'd get diet Coke and we'd have a drink or ice cream in these booths in this old-fashioned soda shop, sitting down and eating and kind of talking about what we'd purchased, where we were going to wear it. We didn't vacation; we couldn't go away on vacation. Sometimes we might travel to Charleston [Virginia], an hour away, and shop. We did not really eat out a lot either. So it was those little moments. Snapshots of those moments.

**Needing Mother during Her Illness**

**Gail:** I really do not have a lot of clear memories about my mother while she was ill, but I do remember very explicitly one time when I was eleven years old. I was going somewhere special and all my friends were wearing nylons and I wanted to wear them. But my father insisted I was still a little girl and white ankle socks were more appropriate. I persisted. We were heading to Ottawa the next day to visit my mom in the hospital. So he said, ‘Why not ask Mom.’ I remember walking into the hospital room and the first thing out of my mouth was ‘Mommy, can I wear nylons?’ So we had a little mother-daughter discussion and she said I could, ‘but the kind
without the seams.’ I remember thinking years later how hard it was for her not to share those things on a routine basis.

**Susan:** My mom would ask for me in the middle of the night. She would want to talk to me and I didn't want to talk to her. I was very reluctant. I just wanted things to be normal. And then the last month she was alive she was back in the hospital and on morphine. A patient on morphine cannot really speak. And she kept trying to communicate to my father that she really needed to talk with me. So they got me up in the middle of the night. We went to the hospital but she couldn't speak to me. I think she was filled with a lot of regret those last months. And there was zero happy except for outside the house with my friends, which was more normal.

**Values**

**Lori:** I never knew what she went through as a single mom. She was just so positive all the time. No matter what she dealt with, she got up every morning with a smile on her face, ready to meet the day. And she had strong values. I want my kids to be like that...to deal with the tough things but to be happy people. I do not always feel that way every day and I honestly do not know how she did it.

**Kari:** I think one of the greatest things that came from my mom and it is just part of who I am, is that she was the most accepting, open-minded, welcoming person. I do not remember her ever judging anyone or discriminating against anyone. Every human has value no matter what. And I just feel the same way. It is part of the fiber of my make-up. And I want my kids to be that way: to not judge or to see a difference and think they are better than anyone. That's how I grew up. Everybody is worthy regardless of what they look like, who they sleep with, who they marry. And maybe that's why all the kids were at always at our house.

“I don’t just miss my mother’s soul. I miss her laugh, her sarcasm, the sound of her voice saying my name.”

Meghan O’Rourke

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15 O’Rourke, Meghan. The Long Goodbye. Riverhead Books, 2011, p. 188.
An Interview Abandoned: My Friend Anne

The most painful stop on the literal and emotional journey of this project was my visit with Anne Edmonds, a dear friend of more than fifteen years from the time I lived in Camden. Until her early nineties, she lived in a delightful home she’d designed and had built overlooking Camden Harbor, not far from my inn. Her home was filled with art and other treasures she had collected in her long life and on her adventurous travels throughout the world. She had been the head librarian at Mount Holyoke for thirty years before retiring to Camden. Though she had lived in the States for more than sixty years, she had not renounced her allegiance to the Queen in order to become a U.S. citizen and it had become a good story. She was smart, fun, witty, elegant, stately, extremely well-read, and a great conversationalist.

Anne was born in Malaya, grew up in London, and lost an eye in the Blitzkrieg at age eighteen. In 1939, when she was fifteen, she and her two siblings were evacuated to the countryside as part of Operation Pied Piper. She often spoke about the impact of that experience on her and on her life—the loss of her family, particularly her mother, which was especially traumatic. When she got to the rural destination, her younger siblings were quickly taken in but no one wanted Anne. She was a tall, large, young woman and the view among the townspeople was that she would require too much food. She

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16 The evacuation of civilians in Britain during the Second World War was designed to protect people, especially children, from the risks associated with aerial bombing of cities by moving them to areas thought to be less at risk. Operation Pied Piper, which began on 1 September 1939, officially relocated more than 3.5 million people. www.defensemedianetwork.com/stories/operation-pied-piper-the-evacuation-of-english-children-during-world-war-ii/ Accessed Jan 30 2017.
was moved around to multiple places until a family at last took her in. They treated her as a servant and, while living with that family, life was tough. Not long after her return to London, she lost her eye.

Anne and I met shortly after I moved to Camden in 2001 and joined the American Association of University Women and two of its book clubs, one of which I frequently hosted at the inn. When Anne was no longer able to drive or to walk at night, my husband, Bill, often drove her the block to and from her home to the Inn for meetings, and routinely to join us for supper. She regularly joined us and our family and friends for Thanksgiving and for Christmas dinner as many of her own holiday buddies began to pass away. Over several years she slowly lost sight in her remaining eye due to macular degeneration. As it grew worse, I read to her the monthly selections for our book club. When she was able to get large-print copies, her preference was to read them herself. I encouraged her to pick up her option to move to a continuing care facility in the community, but she did not want to leave her house or her beloved cat, nor lose her independence. In 2012, she tripped on her cat, slid down the stairs and badly hurt her back and left knee. She did not want to stay in rehab. Bill set up the downstairs in-law apartment in her home for her. Among other things, he brought down the mattress from her bed for the pullout couch in the apartment. I went over early every morning before I served breakfast at the Inn to help her shower and dress and have breakfast. Bill and I arranged a schedule for neighbors and her church friends to bring a meal every night and dine with her. She insisted, after two weeks of sleeping downstairs, on moving back to her bedroom on the second floor and resuming self-care. She was stubborn for certain. When Bill and I left Camden in 2014, I choked up only when I said goodbye to Anne; I felt I was abandoning her. By then, most of her friends had passed away. And the two friends who regularly took her to breakfast on Saturday, and to church and lunch on Sunday, had recently moved away also.

From the moment I met her, Anne was one of my greatest cheerleaders. When I decided to apply to Duke, she agreed to be a reference and wrote a wonderful letter of recommendation, acknowledging my efforts and impact in the community. When I began to speak with her about my
master’s project concept, she was eager to participate, believing that the grief and loss of her mother when she was fifteen—not to death but to forced separation—had had a profound impact on her life, as had the loss of her eye. When I was forced to cancel my scheduled interview with her in December of 2016 due to my illness, she and I discussed a summer interview. We continued to discuss the interview as the months went by. In the meantime, she at last decided to pick up her option at the retirement center. She sold her home and moved. From that time on, Anne seemed to descend in a downward spiral as her eyesight continued to diminish, her hearing acuity diminished, and she developed an unknown gastrointestinal disorder that caused weight loss. When I finally visited in August 2017, I did not intend to interview her and did not bring my equipment with me into her apartment. I wanted only to visit and for us to have lunch together. Nothing more. I was ill-prepared for what awaited me.

Anne Edmonds

Anne is horribly thin and her clothes hang from her tall, stately frame. Despite hearing aids, she cannot hear unless I am directly in front of her and she can see only darkness with shadows. Though she is in independent living, she has sixteen-hours-per-day staff through an outside agency. And she is just plain cranky.

As we do our best to catch up, she asks when I am going to interview her. I indicate I had assumed it was something that would not work for her right now. She persists to insist on doing the interview. So I get my equipment from the car and we begin. Within about eight minutes, Anne impatiently and angrily tells me that I am just not “getting” it. I ask if she means that my questions are not ones that will prompt the answers she wants to give. Her affirmation is agitated. I ask if she wants to speak without prompts. She responds with a sharp and adamant NO. I reply that this is not a problem, that I do not want to distress her. I put away the equipment. We eat lunch, which we had ordered in. I chat while we eat but, after a brief time, she angrily orders me to stop because she prefers quiet. I am
stunned yet anxious that I may have been insensitive to her hearing situation, although I am sitting directly across from her at a very narrow table. I say nothing further. When we finish lunch, she moves to her easy chair. This is where her life seems now to be confined. I sit in a chair close to her and we speak for a bit longer. Then she makes it clear she wants me to leave so she can nap. We say goodbye. She will not accept my hug.

When I reach my car, I begin to cry. The attempted interview had failed. The visit had failed. In the face of her past losses and her own impending mortality, Anne could not share her grief with me, only her anger and frustration. The experience for me was one of profound loss. I knew I would not see her again nor communicate as in the past, if at all. And, for that, I mourn.

“Can I see another’s woe,
And not be in sorrow too?
Can I see another’s grief,
And not seek for kind relief?”17
William Blake

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Thinking about the Journey

“. . . for they remember, they remember, as they sway and hover, what once was—they remember, they remember.”¹⁸ H.D.

No other potential topic for a master’s project compelled me as much as this one. The concept of grief and loss is not new. The concept of painful mother loss in daughters is not new. (For example, after choosing the topic I learned for the first time that Hope Edelman has written extensively about the legacy of loss and motherless daughters for more than twenty years.¹⁹) But the concept of exploring mother loss is new for me and it is personal, which is why I chose to include myself in this project, as narrator and guide, and to structure my paper as a type of memoir. At a late stage in life, I met my maternal grandmother for the first time through a photograph. And in so doing, I have attempted to reconcile my mother’s loss with my own.

I have been and I am captivated by the unfolding stories of my grandmother, my mother, and the similar stories that began to spring up around me as I discussed this project with family and friends. When I had the idea to interview women who had lost their mothers or whose mothers had lost their mothers, I asked faculty member and memoirist Margaret Sartor if I might discuss the idea with her. In that meeting, I asked Sartor to be faculty supervisor for my project. She agreed and the concept began to take shape. Over time, my idea evolved from a project evaluating the impact of mother loss on family systems, to this paper describing my journey of chronicling other women’s memories of grief and loss.

As the months passed and I continued taking courses to complete my degree, I also began to prepare for this project by reading several authors who have written memoirs about loss, specifically

Simone de Beauvoir, Joan Didion, Richard Ford, C.S. Lewis, Meghan O’Rourke, and Rebecca Solnit. At Margaret Sartor’s suggestion, I also read William Zinsser’s collection of essays on the craft of memoir. I purchased Edelman’s excellent and thorough book but chose, when I saw it, to refrain from reading it until I had completed my interviews. I did not want to influence or steer the women I interviewed by using questions from a survey. I did not want my observations to be colored by Edelman’s. I had questions I knew I wanted to ask and I also wanted to be able to identify the themes and similarities or differences for myself. I did read Jonathan Gottschall’s entertaining book about storytelling and listened to his wonderful 2014 Ted Talk on Vimeo. I also read numerous articles about storytelling and about mother loss (see Bibliography, pages 75-77).

My preparations included developing skills in audio interviewing and in audio documentary production through courses at Duke’s Center for Documentary Studies. In addition to the audio documentary courses described in the Introduction to this work, I took a weekend refresher course in Hindenburg audio editing software in late October. And, during the spring of 2018, I had the good fortune to study with CDS audio program director John Biewen.

Audio documentary is no walk in the park. It has challenged me with its bumpy terrain. For example, each time I used a new type of microphone, such as a shotgun or a lavaliere, I faced challenges with the process and with the results—background interference or too-low audio or mono when it should have been stereo and vice versa. Fortunately those misadventures could be managed with software tools or repeat recordings with understanding participants. I repeated one interview in North

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Carolina, the quality of which would have prevented its inclusion in the audio piece for this project. So I have continued to learn. Perhaps my greatest technical faux pas was when I inadvertently reformatted one of my SD cards and thought I’d lost hours of interview tape. Imagine my relief when I realized it was, fortunately, an SD card from which I had transferred all of the interviews to a USB drive! I have been diligent and deliberate, but developing the skills to use audio equipment and software has been an adventure in repetition, self-correction, frequent self-doubt, and humility.

While in the midst of the audio courses, my husband and I planned a summer road trip to New England, twenty days on the road. We drove through thirteen states and visited people in twenty cities. I researched details about my family for this work at the library in my birth town. We enjoyed being home in New England on beautiful summer days with weather pleasantly cooler than in North Carolina.

On one of those days, I headed to Westford, MA, which now incorporates my birth town of Graniteville. I planned to do research and to jog my memory of the town in which Marianna was married, where my mother grew up and where we lived until I was eleven. My last visit there had been the previous summer, to place flowers on my parents’ graves. On this day, I visited the J. V. Fletcher Library in Westford Center to see what I could find out about Marianna and Henry, and about my mother. I confirmed the birth dates and death dates of my grandfather and the uncle who died at eighteen, as well as Marianna’s death date. I also found my birth information and that of my siblings who were born while we lived there. I found my parents’ marriage date. There was something life-affirming about these finds—small but important reminders that lost loved ones did exist, that there is a record of when and where my mother, several of my siblings, and I came into this world. When I and my siblings die, far-flung as we are, those deaths will not be recorded in Westford. I wonder if, in the future, any of our descendants will seek out the records of our existence.
I cherish several discoveries. I found the report about Marianna and Pepe’s marriage in a chatty social newspaper dated June 12, 1915. It dispels the belief that Marianna is wearing her wedding outfit in the photograph that began this journey. And it makes me wish for the photograph that surely was made the day she wore white satin—surprising, given she was pregnant. And I would never have guessed that Aunt Becca sang during the service.

The other discoveries at the J. V. Fletcher library relate to my mother. None of us knew that she was vice-president of her senior class, that she gave the farewell address (curiously there was no valedictory) at her graduation, or that she’d won a national award for excellence in history. I had known she was valedictorian of her graduating class from nursing school, but not of the other honors. Why did she not tell us? Did she grow up without recognition for her accomplishments because she had no mother and, as a result, thought little of them herself? If so, it did not keep her from lavishing praise and encouragement on her own children.

After leaving the library with my treasures, I embarked on a pilgrimage I doubt I will make again. At St. Catherine’s cemetery, I visited the Leduc family plot, in which are buried Marianna and Pepe; Gilbert, their first child; Emile, their fifth child; Aunt Rebecca; Aunt Dora; and my mother and my father with their own headstone. From there, I drove to St. Catherine’s church where they were married, where five of their children were baptized, and where I made my first communion. St. Catherine’s is where they renewed their vows and we celebrated Mass on their fortieth wedding anniversary. It is where we siblings gave flowers and had Mass said in honor of their seventy-fifth anniversary on September 19, 2017. After visiting St. Catherine’s, I drove to the village that once had been Graniteville, passing the former homes of deceased relatives. The town was small. Growing up, I had been related to
almost everyone. I looked for the public school where I attended first grade. I drove past the home that had once been an aunt’s variety store, with the best hot fudge sundaes ever. And I drove down the short street that led to Pepe’s compound—passing the home of my childhood best friend, which sat across the street from the building that had housed the post office and grocery store. An uncle of mine had been postmaster. Mail was not delivered in those days; every family had one of those wonderful, old-fashioned boxes with combination locks. Although relatives still live in Pepe’s compound, I chose not to stop and visit. The compound looked diminished, unhappy, and unloved. I was overcome with sadness at how things change.

In Maine, Massachusetts, and New York, I successfully interviewed six women. The seventh interview was abandoned as I have described. The remaining five interviews occurred in North Carolina in late September through early November 2017.

I approached the interview process gently. I am a good listener. I have listened to many people tell their stories throughout my long life; most of them painful. As a nurse, as a boss, as an entrepreneur in business, as an innkeeper, and as a spouse, I have always felt enriched by these stories, that they were a gift to me. When the women I interviewed for this project agreed to work with me, I established parameters for myself and for the interviews: they would be scheduled where and when it would be most comfortable and convenient for the interviewees. I would travel to them, suggesting their homes where they would be on familiar ground, if that worked for them. We would set a time goal of no more
than one-and-a half-hours or less, if possible, from my arrival to my departure. We would maintain that goal so the interviewees could plan their lives around it. If an interviewee felt the need or desire to speak longer, it would be her choice. This was especially important for those who were working and/or whose family lives operated on tight schedules. In the instances in which I interviewed my own family or my close friends, the adherence to a specific schedule was more informal, particularly if Bill and I happened to be staying with them, as we were doing in four cases.

Before each interview visit, I sent the interviewee an email outlining the details of the interview process, how I would conduct it, and the conditions in which we needed to sit—that is, away from humming refrigerators and recycling air conditioners, alone in the home, if possible, with little or no interruption and background noise. I also gave each interviewee an idea about specific information I hoped to have, beginning with their name, age, location, and demographic information about their family, especially their mother, and the dates when she became ill and died. This request allowed time to confirm any dates that were uncertain.

I also asked interviewees to share a photograph of their mother, a photograph of themselves with their mother, and a recent photograph of their family. I asked if they had any written or treasured memorabilia from their mother that they were comfortable sharing with me. It was interesting to see how people responded. Of the eleven interviewees, two had their photographs and memorabilia ready for me at the time of the interview. One interviewee had it to me within a week. For the others, it took months to get the material, and even longer to get the dates and details for the captions of the photographs. It was interesting to note that age and work/family commitments were not factors in who responded late; no matter the age, getting materials was a challenge. The two women who were prepared at the outset are both former teachers, which may explain their ready compliance. Some participants had a tough time deciding which photographs to share and sent several options from which I could choose. Several said they enjoyed the time spent in search of these materials, reminiscing. The
photograph of Anne Edmonds (page 56) is from an online newspaper in Camden and was taken when Anne was honored at a library event in 2012.

Because I interviewed the women in their homes, we were able to sit comfortably side-by-side on a couch. The exception is the Linda Daniel interview conducted at Duke’s Perkins Library where we sat on each side of a table corner. For everyone, I attempted to dispel anxiety by encouraging them to look out at the room and imagine a few chosen friends were with them, and they were telling those friends their stories for the first time. With two exceptions, the stories seemed to flow freely.

Once the interviews were completed, the thought of transcribing more than sixteen hours of tape was daunting, to say the least. One of the CDS teachers suggested I merely listen and takes notes on what I wanted. Another said only a full transcription would help in the long run. My faculty advisor concurred; to write a creative piece, I needed full transcriptions in front of me. It was then that I recalled a conversation with a former classmate who was working at a company in New York City that was in Beta testing for a software transcribing program. It would upload my audio files, “read” them and produce an online manuscript-audio combo: I could export the manuscript portion into a Word document.

She sent me a link to a free 30-minute introductory trial. Within minutes of using it, I was sold. It was worth the results, or so I thought at first. Once I paid the fees and uploaded my files, I began to read the documents with alarm. None of them made sense. And some of what came out was ludicrous, even hilarious, especially with certain proper names. In spite of its flaws, the software was decidedly useful. It saved me from hours of transcribing and provided a product that had all the basics I needed—useful enough text and each line (or paragraph) preceded by the exact minute on tape. Thus I could highlight content on the Word doc, go to the software version online, listen, and extract what I wanted to copy into my project document and write or rewrite, filling in gaps.
I began to write the creative piece in early January 2018. I started with a basic outline for the piece as well as an idea about how I would use the interviews. I wanted to tell the individual stories carefully, completely, and with respect. As I approached each story, I listened to the full interview again, discovering nuances I had not noticed at the time of interview, nuances that nudged the written stories in slightly different directions over time. Also as I wrote the stories I began to see that two of the interviews were particularly difficult and neither seemed to fit the project any longer. I wrote and rewrote them. I looked for ways I could incorporate them into the work but the difference in the nature of the issues was dramatic. I decided to exclude those interviews in order to maintain the integrity of the creative piece. Yet, I grieve about the decision to let those women’s stories go, fearing I’ve let them down.

Throughout the writing of this work, decisions about what to put in and what to leave out were continuous and daunting—both in my own family story and in the shared stories. I continually asked myself whether or not I was doing justice to the individual stories and to the project as a whole. I found it especially challenging to exclude the stories about the interviewee’s siblings and the impact of the mother’s death on them. I had to remind myself that this work’s focus was the particular women I interviewed or their mothers. Jill Ker Conway and Annie Dillard both address the issue of what to include in their essays in Zinsser’s book on memoir. When Conway opines about what to put in/leave out, she focuses on “the danger [that] in telling your life story you’ll hurt someone’s feelings.” Conway, Jill Ker. “Points of Departure.” In Zinsser, William (Editor). Inventing the Truth: The Art and Craft of Memoir. Mariner Books, 1998, p. 50.


Finally, in an effort to add depth, dimension, and personality to the work, the audio documentary strives to create the sense that the women speak with one another. A rewarding byproduct of my early decision to forgo video is the intimacy that infuses the audio interviews. Absent concerns about appearance, the interviews were less fraught for the interviewees and for me as interviewer. In addition, in order to obtain a good recording with the Zoom H5 Handheld Recorder I chose to use, I needed to sit close to the interviewee, with the microphone six inches away from the side of her face. Hearing them speak in the audio documentary, listening to the range of emotion in their voices, is an experience the written word simply cannot match. The written work and the twenty-minute audio documentary complement each other. The documentary provides an intimate connection to the women through their voices.

Chronicling memories of grief and loss allowed me to gather profound stories from amazing women. The interviews were full of beauty and love, pain and sorrow; the recordings are treasures, but the process has its limitations. The stories, and the memories of which they are made, are colored by emotion, faded by time, and hazy, the sharp edges of recall blurred by persistent pain in some cases. Some of the doors to traumatic memories are closed to the knocking.

Moreover, there was certain content, for one reason or another, I could not probe. For example, as a nurse, I wanted to put together the medical aspects of Kari Cooper’s mother’s long-term illness. In addition to not understanding the basis of her fifteen-year illness, I am horrified that she was transferred, in a coma near the end of life, to two other facilities, and that a liver transplant was contemplated on the second transfer. So much of this aspect of the story just does not add up for me. What did Kari and her sister really understand? Did they know what they gave permission for when their mother was transferred? Why did the health care professionals contemplate a transplant at that stage? Perhaps there were parts of that fifteen-year period of her mother’s illness and end-of-life experience that Kari was unable to process and memory could not access. Perhaps things did not happen precisely
as she recalls. Yet, ultimately, does that matter? On many occasions, I have had to remind myself that I was recording these women’s memories; I was not conducting a scientific study.

On the other hand, there is much about many of the stories’ medical aspects that rattles me: a physician blaming a family for overworking the just-deceased mother rather than comforting them (Linda); physicians seeming to encourage chemotherapy instead of palliative treatment which would have provided a better experience at the end of life than either Lori’s mother or Susan’s mother had; religious fervor dictating medical decisions for Susan’s mother and her unnecessary early death; a physician recommending anti-anxiety medication for Lori but not grief counseling; and, not least, my own grandmother’s inordinate suffering.

During the 1920s, in the United States, half of maternal deaths were caused by puerperal fever. As Irvine Louden, author of a mid-twentieth century international study of death in childbirth, writes:

For a disease that was “preventable by ordinary intelligence and careful training, these figures were a reproach to civilized nations.” He further writes: “A woman could be delivered on Monday, happy and well with her newborn baby on Tuesday, feverish and ill by Wednesday evening, delirious and in agony with peritonitis on Thursday, and dead on Friday or Saturday.” Louden attributes blame for all these deaths to physicians and lack of careful infection control practice, use of new tools and techniques without proper training. Interestingly, poor women, who more commonly used midwives, did not have as high a rate of puerperal fever as more well-to-do women who used doctors. I do not know if my grandmother had a midwife or a doctor, but whoever cared for her, their careless practice is likely the

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cause of the infection that led to her death. And postpartum deaths in the United States are on the rise. As of 2015, we had the worst rate of maternal deaths in the developed world at 26.4 per 100,000.\textsuperscript{32}

As I think about the women I interviewed, this stands out: the pain of loss knows no predictable distinction according to one’s age, personality, education, life interest, or experience. Mother loss and its associated pain and grief do not discriminate. Grief knows no limits, no boundaries. The unique circumstances of the loss color and define the impact on the woman who loses her mother, but the real stories of mother loss lie in how a woman manages the lifelong impact over time.

Certainly mother loss could prompt many outcomes, many choices, including the desire to achieve on one’s own, to forge new paths, to not marry. And many are high achievers.\textsuperscript{33} But it is interesting to note that every one of the women I interviewed had, or have, strong marriages and found in their partners a dependable support system to help them through life’s difficulties. And each of the men, with the exception of Jim Kersteiner (Sherry’s father, who lost his mother at age three), grew up in stable, nurturing, and less conflicted home environments than their wives. Edelman quotes from the Cowans’ ten-year study of ninety-six couples:\textsuperscript{34} (Note: I italicize the last sentence in the excerpt below because it interests me in the light of previous discussions about my own mother’s nurturing ability with her \textit{children when they were small}.)

Even when a woman comes from a family where she didn’t have models of how to be nurturing, her partner’s ability to nurture can make a difference to her. It seems to provide a relationship in which she can feel cared for without conflict from her childhood that’s so scary or rejecting it would keep her from getting connected to him. In other words, something about the nature of the relationship with her husband makes up for or buffers some of what we expect would be negative effects of having grown up in a difficult family. \textit{And when we look at her with children when they are small, she appears as warm and responsive to the kids as women who come for more secure backgrounds} (italics mine).

\textsuperscript{32} Martin, Nina. \textit{NPR. U.S. Has The Worst Rate of Maternal Deaths In The Developed World}. Accessed Mar 8, 2018. \url{www.npr.org/2017/05/12/528098789/u-s-has-the-worst-rate-of-maternal-deaths-in-the-developed-world}


Most of the women I interviewed expressed a fear of not being there for their children. Or they had children who expressed a fear of their mothers dying, as their grandmothers had died. Or, as in my own mother’s case, the women who experienced mother loss were terrified of their children dying. They each have had to consciously work out—or they are still working out—how they want to be a mother. Having strong, emotionally dependable, and loving partners has made a huge difference for every one of them. But, not surprisingly, all of their views on parenting remain dramatically influenced by their mother loss. Struggle, pain, grief, and loss take their toll through the generations.

I ponder a snapshot of my mother that sits on a nearby shelf beside my desk as I conclude this project. It was taken in 1943 and she is pregnant with me. It is early fall. I am due at the end of January. She stands at the side of a clapboard home in Norfolk, VA, where my dad is stationed in the Navy, visiting him before he deploys. She smiles that amazing smile. Did Marianna ever smile like that, I wonder? I look at both photographs together—the one of Marianna that started me on the journey of this project and this one of my mother as she prepares for my entrance into her life. Both Marianna and my mother have the same broad forehead, round face, trim nose, and dimpled chin. Each of them, in each of the snapshots, is pregnant with her first child, her future ahead of her. Marianna is wistful; Caroline, smiling. I remove my mother’s photograph from its frame, not remembering whether notations were made on the back by my father, who I believe took the photograph. There are none. But I do find a long forgotten, undated
poem my father wrote in late 1944, while stationed in North Africa. He wrote it while looking at a studio portrait of my mother and me that she’d sent him, for he had not yet seen me in person. My mother saved the poem for years. My father gave it to me several years after her 1993 death. Only after I'd removed the picture from its frame did I recall that I’d put the poem, titled “My Marys” for safekeeping behind this particular photograph because it seemed the right place for it.

More than one hundred years have passed since the snapshot was taken of Marianna, slightly more than seventy-four years since the snapshot was taken of my mother. Because of the photograph of Marianna, my grandmother, I have started down a road that I might not otherwise have taken. Though this project will soon be done, the journey itself has, in many ways, just begun. I routinely continue to meet women who’ve lost their mothers. Some wish to share their stories and be recorded, and others still are processing their loss. They seem to come to me now. There appear to be pathways ahead for me and for this project, not yet defined or even envisioned. Yet they surely will lead, at the very least, to my having a greater understanding of grief and loss and its impact—particularly on women who lose their mothers—and a greater understanding of myself, my relationship with my mother, and my relationship with my siblings in her absence.

It is particularly poignant to have had this experience late in life. Time seems short now. I know the window is closing, but not how quickly, exactly when, nor how. This experience has been revealing and emotional, often overwhelmingly so, but the experience has given me a perspective on the past, perhaps a settling.

Other than my awareness of being her namesake, I doubt I thought much about Marianna in my lifetime until this journey. I know my mother thought about Marianna all the time, yearned for her mother as I yearn for mine. But I knew my mother, knew her love. I fervently wish she had known Marianna and her mother’s love.
Shortly after my mother died, I dreamed about her. In the dream, we are together as a family, driving through a beautiful land of rolling hills. Everything is inordinately green. The sun is shining, the sky clear. A glorious day. My mother is at the front of the vehicle, which I suddenly realize is a huge hospital bed with no steering wheel. We siblings are our adult ages. We are terrified at the speed at which we are traveling on the narrow, winding road. She keeps pressing to go faster, faster. She is as I remember her when I was five years old, wearing the forties-style dress from that early studio portrait of the two of us; her brown almost-at-shoulder-length hair swept from her face by the speed and swirling in the wind. Her smile is radiant. She is happy, enjoying herself. She looks back at all of us and calls out above the wind: “Live! Be happy!”

“One short sleepe past, wee wake eternally, 
And death shall be no more; death, thou shalt die”\textsuperscript{35}
John Donne

“Do not go gentle into that good night, 
Old age should burn and rave at close of day, 
Rage, rage against the dying of the light.”\textsuperscript{36}
Dylan Thomas

Interviewees, Ages at Interview, Locations, Dates

Daughters of Motherless Daughters

Sherry Kersteiner Cobb, 73, Union, Maine, August 2017
Audrey Wagner Deadmon, 70, Burlington, North Carolina, November 2017
Catherine Shanahan, 63, Lowell, Massachusetts, August 2017
Margaret Shanahan, 62, Chelmsford, Massachusetts, August 2017

Motherless Daughters

Kari Myers Cooper, 44, Greensboro, North Carolina, September 2017
Linda Daniel, 61, Durham, North Carolina, October 2017
Gail MacKenzie Michalak, 74, Voorheesville, New York, August 2017
Susan Guill Smith, 39, Columbus, North Carolina, October 2017
Lori Stephens, 41, Columbus, North Carolina, October 2017

Interview Abandoned

Anne Edmonds, 92, Camden, Maine, August 2017
Bibliography


