A Husband in the Aftermath of his Wife’s Unfathomable Act - Clancy New Yorker

Patrick Clancy’s new apartment, in midtown Manhattan, looks much like any other tidy bachelor pad. There’s little on the living-room walls besides a mounted acoustic guitar and a sailing trophy. He has held on to a few keepsakes from his former life in the coastal suburb of Duxbury, Massachusetts, with his wife, Lindsay, and their three small children. A pink blanket printed with rainbows is draped over the couch, beside throw pillows stitched with scraps of kids’ clothing. A toy helicopter, his middle child’s last Christmas gift, sits on a sharp-cornered media console that would have needed babyproofing in the family home.

Cora was five, Dawson was three, and Callan was eight months old. Pat loves to talk about them and dreads having to explain what happened. On January 24, 2023, he stepped out of the house in Duxbury to pick up children’s medicine and a takeout dinner order. When he returned, less than an hour later, Lindsay lay semiconscious in the back yard, having cut her neck and wrists and thrown herself from their bedroom window. She’d left the children strangled in the basement. Cora and Dawson were pronounced dead that night; Callan was airlifted to a hospital, where he died a few days later. “I have three kids,” Pat sometimes still says, out of habit, before adding, “They are deceased.”

The Clancys were the kind of family whom true-crime enthusiasts often find irresistible: young, white, well-off, photogenic. Lindsay, a thirty-two-year-old former cheerleader from suburban Connecticut, had no criminal record and was a respected labor-and-delivery nurse at Massachusetts General Hospital. Tabloids reprinted Facebook pictures in which she cradled her baby bump or posed with the kids along a picket fence. Internet sleuths turned up a message from a private Web forum where she’d sought advice for postpartum anxiety and depression. As legal and medical experts have noted, women who kill their children tend to be portrayed as either “mad” or “bad”: victims who are very ill, or villains who are very evil. Whereas the “bad” mothers are demonized as callous and neglectful, the media scholar Barbara Barnett writes, the “mad” mothers are routinely exalted as “perfect” and “normal,” innate nurturers who were “driven to insanity because they cared so much.” Though little was known about Lindsay’s state of mind, the public was quick to slot her into the role of the exemplary mother who’d unexpectedly snapped.

State prosecutors announced that they were pursuing murder charges, but online a group of Lindsay’s fellow-nurses rallied to her defense. They shared a hotline for struggling mothers and changed their Facebook profile pictures to an illustration of hearts labelled with the letters “LAOL”: Lindsay’s Army of Love. Almost a hundred Massachusetts women wrote to the judge, vowing to stand by Lindsay “in her darkest hour as we wish any other mother would do for us.” Among Lindsay’s most vocal defenders was her husband. Four days after the tragedy, from the children’s hospital where Callan had just been removed from life support, Pat appealed to the public on a GoFundMe page that had been set up for medical bills and funeral expenses. He devoted most of his note to eulogizing his children, then asked others to join him in forgiving his wife. “The real Lindsay was generously loving and caring,” Pat wrote. “All I wish for her now is that she can somehow find peace.” Within days, the GoFundMe raised more than a million dollars.

On February 7, 2023, Lindsay’s arraignment was broadcast live from the Plymouth District Court. Her plunge from the window had left her paralyzed from the waist down, and she attended virtually, from a bed at the Brigham and Women’s Hospital, in Boston, where she was in police custody. The prosecutor, an Assistant District Attorney named Jennifer Sprague, presented new details about the case that were meant to illustrate Lindsay’s lucidity on the day of the killings. Sprague pointed out that Lindsay had managed to take her daughter to an appointment at the pediatrician that morning. In the evening, she’d been the one to send Pat out of the house for the medicine and the dinner order. She’d looked up the restaurant on Apple Maps—to calculate how long he’d be gone, Sprague contended—and almost immediately after he left she’d strangled the children one by one with exercise bands, a method of killing that would have required several minutes of sustained effort.

Lindsay’s attorney, Kevin Reddington, laid the groundwork for an insanity defense, arguing that she’d suffered from severe postpartum depression and “possibly” [postpartum psychosis](https://www.newyorker.com/science/annals-of-medicine/what-we-still-dont-understand-about-postpartum-psychosis), a rarer disorder that is estimated to affect one or two in a thousand new mothers, usually within weeks of childbirth, and which, in perhaps four per cent of those cases, is linked to infanticide. Lindsay, however, hadn’t been diagnosed as having either condition; the day before the killings, in a note on her iPhone, she’d mentioned just “a touch of postpartum anxiety.” She said that she’d strangled the children during a “moment of psychosis,” after hallucinating a voice, but according to Sprague she never reported hallucinations until after she’d met with her defense team. In the prosecution’s telling, she looked like a scheming sociopath who’d tired of child rearing, carried out a triple murder, then flubbed—or faked—a suicide attempt.

In legal terms, Lindsay’s apparent composure on the day of the killings isn’t enough to rule out temporary insanity, and nor is any evidence of premeditation. Postpartum psychosis is an insidious disease; as clinicians like to say, the symptoms often “wax and wane,” and it’s not uncommon for high-functioning new mothers to hide them out of shame, paranoia, or confusion. The lawyer and advocate Teresa Twomey, who suffered a psychotic break after her own daughter’s birth, has written that “societal myths of motherhood” may incentivize women to keep up an appearance of well-being—and may lead their health-care providers to overlook precursors of more serious psychiatric conditions. In Massachusetts, a defendant can be found not guilty by reason of insanity so long as, owing to mental illness, she lacked the capacity to “conform her conduct to the requirements of law,” even if she understood what she was doing at the time and knew that it was wrong.

To much of the public, however, the revelations of the arraignment made these nuances seem like irrelevant, offensive technicalities. In a Facebook group devoted to Lindsay’s case, which has more than sixteen thousand members, commenters condemned her “Army of Love.” Childhood friends who’d submitted character letters to the judge received threatening messages, and a “Justice for Lindsay” fund-raiser, scheduled at a local seafood restaurant, was abruptly cancelled. Internet forums circulated increasingly outlandish theories: that Pat and Lindsay had orchestrated the deaths just to rake in the crowdsourced funds; that she’d caught him with a male lover and killed the children, not unlike Medea, in order to exact revenge.

Pat is thirty-six but looks younger, with pale-blue eyes, cowlicked dark-blond hair, and a narrow, clean-shaven face. He has been sailing in races since childhood and tends to dress sportily, in black sunglasses, long-sleeved Henley shirts, and belts made from tactical fabric. When we first met, he mentioned that he’d been reading “[Man’s Search for Meaning](https://www.amazon.com/dp/0807014273),” by the Austrian psychiatrist and Holocaust survivor Viktor Frankl, who wrote of the human ability “to transform a personal tragedy into a triumph.” After the killings, Pat took an extended leave from his remote job in software sales at Microsoft (where I am also employed, in a separate division of the company). In his free time, he’d joined a sailing club, signed up to run the Boston Marathon on behalf of a children’s medical charity, and begun volunteering as a guide for runners who are blind. But the ongoing case against Lindsay clearly hindered his attempts to “squeeze some good,” as he put it, out of his family’s heartbreak.

“I wasn’t married to a monster—I was married to someone who got sick,” he told me, during one of a series of conversations this year. We often met at his apartment, after he’d completed his training run, and as we spoke he’d sit on the floor, stretching his legs. Pat seemed eager to testify at Lindsay’s trial. In the meantime, he saw our discussions as an opportunity to quash “lies and misinformation.” He’d recently found buyers for the home in Duxbury, and on one of my visits he received a text message informing him that the sale had closed. “There’s no house anymore,” he said, his voice flat and low. “There are no kids. All that’s left is me and Lindsay.”

Pat grew up in a sprawling Catholic family on the South Shore of Massachusetts, sometimes called the Irish Riviera. His relatives remember him as a gentle and even-keeled child. “Pat doesn’t like to be angry,” Sue Clancy, his mother, said. “He doesn’t like hostility. He’s always been that type, since he was very little, to just give the benefit of the doubt.” At the Jesuit boys’ school he attended, Pat was, by his own admission, an average student, unable to muster much enthusiasm for “Greek mythology and Egyptian pharaohs,” but he won a citizenship prize awarded to a “man for others.” He studied business at Salve Regina University, in Newport, Rhode Island, where he was a varsity skipper, and then began working at a telecommunications company in Boston.

In the summer of 2013, Pat met Lindsay Musgrove, a nursing student who was living with one of his forty-some first cousins. (Another of his cousins works on the editorial staff at this magazine.) Lindsay was twenty-two, soft-spoken and determined, with a broad, heart-shaped face and straight brown hair that she liked to pull back beneath a headband. One of her best friends from childhood told me that she was “looking for a good potential family man.” Pat took Lindsay to fly a kite on one of their first dates and, not long afterward, brought her to the Clancys’ beachside Fourth of July party. His sister Erin Donahue recalls Lindsay as “sweet, and a little quiet, but just lovely.” The cousin who introduced them, Kristen Walton, told me, “They never really had any bumps in the road.” They were married in December of 2016, and held the reception at a golf club decorated in red and silver for Christmastime.

At Mass General, where Lindsay’s colleagues knew her as “a ray of sunshine” and a “positive light,” she often joked about wanting enough children to fill a “baseball team.” Cora, the Clancys’ firstborn, arrived on Christmas Eve, 2017. Dawson followed about a year and a half later. In a letter to a childhood friend with a new baby, Lindsay once described motherhood as “all consuming,” adding, “Let yourself delve deep into it but also take time to come up for air.” Several of her friends told me, insistently, that she was “born to be a mother.” She’d pore over forums about topics like attachment parenting and [baby-led weaning](https://www.newyorker.com/culture/photo-booth/when-babies-rule-the-dinner-table), and occasionally she’d post her own questions, a habit that perplexed Pat. “The person who’d respond would be some random stay-at-home mom from St. Louis,” he told me. “I’d be, like, ‘You’re a nurse! You’re the one with all the answers.’ ”

Although her roles as a new mother and a labor nurse seemed complementary, Lindsay struggled, as many parents do, to balance her family and her job. After Cora was born, she went part time, often working night shifts at Mass General, where she liked to monitor her own babies from a video feed on her iPhone. In character letters to the court, Lindsay’s colleagues remembered this tendency fondly—“She watched them sleep while she took breaks to pump breastmilk,” one fellow-nurse wrote—but Pat told me that it “drove her anxiety.” Once, late at night, he awoke to a knock on the door from the police. Lindsay had seen Cora crying on the video feed and requested a wellness check, because, as an incident report notes, Pat wasn’t picking up the phone.

After Cora’s one-year checkup, Lindsay worried that a blue vein on the bridge of her daughter’s nose might be a sign of a gene mutation, a pseudoscientific notion that she’d likely come across on the Internet. Pat brushed off the idea, but Lindsay wrote in a private Facebook group that she’d ordered an at-home genetic test in the mail; in the same group, she mentioned that she was pregnant again. When Dawson was a baby, in the spring of 2020, she met with a talk therapist for anxiety, but Pat told me that “they didn’t really vibe.” She thought about switching to day shifts at the hospital, but, because of rush hour, doing so would have doubled her commute time. Occasionally, Lindsay joked about becoming a stay-at-home mom. Pat would say, “Do you really wanna be at home 24/7?” He considered her “dual vocations” healthy. “I’d say to anyone—usually moms, but really moms or dads—that you should have your kids, but you should also have a life to yourself,” he told me, adding that he never discouraged Lindsay from taking time away from work.

Lindsay was on a jog the morning she went into labor with Callan, on May 26, 2022. He was an easygoing baby—she and Pat called him Happy Callan. In a Facebook post that July, while Lindsay was on maternity leave, she wrote that she was faring better than she had after the births of her first two children: “This time I’ve stayed so dialed in to my routine of exercise, nutrition, personal development, and mindset.” The next month, though, in an online group for followers of a wellness regimen called the Miracle Morning, she sounded less sanguine. She hadn’t managed to do the routine for the past couple of weeks. “I’m definitely struggling because of it!” she wrote, adding, “Someday it will be easier.”

As her return-to-work approached, Lindsay’s anxiety grew worse. In September, with Pat’s support, she postponed her start date. She told him that she planned to go on Zoloft, one of the most frequently prescribed antidepressants for breast-feeding mothers; she got a prescription after a telehealth consultation with a local psychiatrist, Jennifer Tufts, who diagnosed Lindsay as having generalized anxiety disorder. The Zoloft caused insomnia, a common side effect, so Tufts prescribed additional drugs, including Ativan, a benzodiazepine, to help Lindsay sleep. On November 8th, unbeknownst to Pat, Lindsay sought suggestions for other medications in a private Facebook group called “I Am Not Alone: Postpartum Depression/Anxiety & Rage.” She was concerned about Ativan’s addictive properties but said, “It makes me feel like myself again.”

A picture of the Clancys’ children—Cora, Dawson, and Callan, who were five, three, and eight months old, respectively, at the times of their deaths—decorates a wall of Pat’s apartment in New York.

Pat often described himself to me as a “software guy” with little knowledge about mental health. He’d imagined Lindsay conferring at length with a therapist in an armchair, as he’d seen in movies like “Analyze This.” When Lindsay’s insomnia didn’t subside, he started sitting in on her virtual visits with Tufts, which he felt were limited too narrowly to medication management. “It was just, like, ‘What are your symptoms? Take these pills,’ ” he recalled. (Neither Tufts nor her employer, Aster Mental Health, responded to requests for comment.) Psychiatric medicine has been shown to work best, for some mood disorders, in conjunction with talk therapy, but Lindsay’s crisis coincided with a widespread strain on mental-health providers during the covid-19 pandemic. “They’re stretched to the limit,” the president of the Massachusetts Psychological Association told the Boston *Globe*, at the end of 2021. Pat said that he eventually called more than a dozen therapists but found none with immediate availability.

By the middle of November, 2022, Lindsay had lost her appetite and largely stopped socializing. Her parents drove up from Connecticut for days at a time to help with child care while Pat worked from a home office. In the afternoons, when Lindsay’s Ativan wore off, Pat would find her rocking back and forth on the living-room couch, her heart racing. She’d say that she felt terrified, but Pat couldn’t understand why. On the morning of November 15th, Lindsay told him at the kitchen table that she hadn’t slept at all the previous night. Nicole Cirino, a reproductive psychiatrist and professor at Baylor College of Medicine, in Houston, told me that prolonged insomnia in a new mother should be treated as a warning sign of an underlying psychiatric condition “in the moderate to severe range.” Like all of the mental-health professionals I spoke to, Cirino was careful to note that she did not have firsthand knowledge of Lindsay’s case and could not comment on it specifically. But she pointed out that sleep deprivation can be a trigger for postpartum psychosis. The disease “doesn’t always start with someone hearing voices,” she added. “It can present with a woman saying, ‘I feel anxious, I can’t sleep, I don’t know what’s going on.’ ”

Diagnosing a psychotic disorder typically requires evidence that a patient has lost touch with reality. A new mother may imagine that her baby is under attack by a malevolent force, as in the high-profile case of Andrea Yates, who believed that she was rescuing her five children from Satan when she drowned them in a bathtub, in 2001. But some delusions centered on newborns—including, in the words of one filicide study, “obsessional fears about the child’s well-being”—can be harder to distinguish from more ordinary maternal concerns. In 2012, a New York lawyer named Cynthia Wachenheim reportedly became fixated on the idea that a few small falls had so irreparably damaged her baby boy that he’d never walk. The next March, when he was ten months old, she strapped him to her chest and jumped from the window of her eighth-floor apartment. Wachenheim died, but her son survived—and took his first steps a few weeks later. In “[Advocating for Women with Postpartum Mental Illness](https://www.amazon.com/Advocating-Women-Postpartum-Mental-Illness/dp/153812985X),” the clinical psychologist Susan Feingold writes that, despite suffering from what was almost certainly an undiagnosed psychotic disorder, Wachenheim was “able to pass as just another worried new mom.”

After Lindsay went a second consecutive night with no sleep, she drove herself to the emergency room. She returned home a few hours later and told Pat, “They gave me some Ambien and said it should be O.K.” The Ambien didn’t help, though, so Lindsay contacted a new medical office and began seeing Rebecca Jollotta, a perinatal psychiatric nurse practitioner. As with Tufts, the appointments were virtual, but after a few sessions Pat arranged an in-person visit. According to him, Jollotta was quick to prescribe more medication, including Seroquel, an antipsychotic that is used off label, in low doses, as a sleep aid. “It just sounded like she was throwing things at the wall and waiting for us to say yes,” Pat said. (Jollotta did not respond to requests for comment. A representative of her employer, South Shore Health, declined to comment, citing patient-privacy laws.)

Lindsay’s defense team has named “horrific overmedication” as the chief cause of her mental decline, a line of reasoning that may provide some solace to her loved ones. It can be comforting, as Feingold told me, to “blame an external source” for the inner changes wrought by mental illnesses, but the link between psychotropic drugs and violent behavior is poorly understood. At Lindsay’s arraignment, Kevin Reddington, her attorney, pointed out that some of the antidepressants she took have so-called “black box” labels listing suicidal ideation as a rare adverse effect. Those warnings, however, are primarily for adolescents. And while it’s true that Lindsay was prescribed an unusually extensive list of drugs—more than a dozen in the course of four months—Reddington has drawn a dubious connection between those medications and “workplace violence, homicides, family homicides,” as he put it in court. According to a medication diary that Lindsay kept, which was seized as part of the investigation, she was taking just three drugs—one benzodiazepine and two antidepressants—in the days leading up to the killings.

Reddington, a veteran Boston trial lawyer, is a gruff, ruddy man in his seventies, with a shoulder tattoo that reads, in Latin, “never represent an informant.” He’s perhaps best known for defending a woman named Catherine Greig against charges of harboring a fugitive—her longtime boyfriend [James (Whitey) Bulger](https://www.newyorker.com/magazine/2015/09/21/assets-and-liabilities)—but he specializes in what the Boston *Globe* once called “mental health crisis-driven horrors derived from unanswered pleas for help.” When I met him, this past March, in a hotel lobby in Braintree, Massachusetts, he recalled a landmark insanity case that he’d won in 1989. His client, who had stood accused of fatally stabbing her abusive boyfriend in the eyes with steak knives, was acquitted after he argued that she’d suffered from temporary insanity brought on by battered-women’s syndrome. “She didn’t serve a day,” he said.

Postpartum psychosis lacks an official category in the “Diagnostic and Statistical Manual of Mental Disorders,” a fact that some experts argue undermines its use in criminal defenses. At Lindsay’s arraignment, Reddington pointed out that postpartum mental illness is notoriously overlooked, telling the judge, “Our society completely abandons women with this condition.” At the same time, he seems to have overlooked or downplayed Lindsay’s mental-health struggles after her previous births, saying that there were “no significant issues as far as anxiety.” His strategy has focussed on portraying Lindsay as a consummate mother who had no reason to kill her children. In court, he rummaged through his suit pocket and pulled out a small “wish vase” that he’d found in a drawer of pill bottles at the Clancys’ home. It was stuffed with scraps of paper on which Lindsay had scribbled down hopes for the future, including a desire to get pregnant again.

Residents of Duxbury sometimes call it Deluxebury. Sue Clancy, Pat’s mom, who grew up in a working-class family on the South Shore, described the town as a “high-end community” where, as in much of suburbia, people keep up appearances. Although Lindsay often sought advice from strangers online, she didn’t advertise her struggles to the other mothers in town. Nicole Benanto, a nurse with children at the same preschool as the Clancys’, recalled hosting a get-together with her husband, Jeff, the weekend after Thanksgiving, 2022. Pat had told Jeff that he would attend alone, and mentioned Lindsay’s insomnia, but after Nicole texted her to check in Lindsay showed up, too, with a bowl of taco dip. She looked “flat” and “absent,” Nicole told me when I visited her and Jeff at their home. “But never in twenty-five thousand years . . .” she trailed off. Then she added, “We thought Lindsay was just tired.”

One puzzle of the Clancy family’s tragedy is that, although Lindsay sought help from several postpartum-mental-health specialists, as far as Pat knows she never received a more severe diagnosis than generalized anxiety disorder. He emphasized that none of Lindsay’s providers ever warned him—or, to his knowledge, her—of the possibility of postpartum psychosis. “I never even heard the term until after the kids died,” he said. On December 20, 2022, he and Lindsay visited the Women & Infants Hospital, in Providence, Rhode Island, a facility that specializes in perinatal care. Lindsay’s indictment notes that psychiatrists there concluded she had “no symptoms” of postpartum depression, but Pat told me that this statement is misleading. As he remembers it, the doctors were hesitant to intervene in Lindsay’s treatment, because her prescription history made it difficult for them to tell whether the symptoms she reported were signs of an underlying postpartum disorder or side effects of psychiatric drugs. (A spokesperson for the hospital declined to comment on her case.)

At the end of the month, Lindsay insisted that she needed to be admitted to a hospital, telling Pat, “I have thoughts of wanting to die, and I feel numb to them.” According to police records, Pat stated that by this point she’d also confessed to having unwanted thoughts of harming the children. Clinicians call these “intrusive thoughts,” and they’re distressingly common among new mothers with mood disorders. One study found that more than forty per cent of depressed women with infants or toddlers reported thoughts of harming them. Even a healthy new mother may experience such thoughts, not so much as a real “impulse to harm the child,” according to one journal article, but “as an apprehension that such an impulse might occur.” As with suicidal patients, the treatment protocol relies on a precarious attempt to gauge the link between thinking and potentially acting. Pat said, “We were told by doctors, ‘If she doesn’t have a plan, and if she’s disturbed by the thoughts, then they are probably just thoughts.’ ”

Lindsay had been scheduled to return to work at Mass General in January. Instead, on New Year’s Eve, Pat dropped her off at the hospital’s emergency room, by the same entrance where, exactly seven years before, he’d picked her up from work with an engagement ring in his pocket. By the following morning, Lindsay had been transported to an inpatient program at McLean Hospital, a top-ranked psychiatric institution outside Boston. When Pat visited her that week, they sat in a harshly lit common area as an agitated patient walked up and down the hallway, talking to himself. “There were people there who were clearly, like, nuts,” Pat told me. “Lindsay seemed to have it together.” He recalled her texting him, “I don’t belong here.”

In the anthology “[Understanding Postpartum Psychosis: A Temporary Madness](https://www.amazon.com/dp/0313353468),” several women who were hospitalized in psychiatric wards as new mothers recount how they felt so ashamed or despondent to find themselves there that they started downplaying their symptoms. “At first I told him everything,” one woman in the anthology writes, of her husband, “but as the days went on and I thought that I would be confined there forever, I began again to pretend to be better.” (She also writes that, after persuading the doctors to discharge her, she “immediately went home and continued to research ways to end it all.”) A suicidal woman with thoughts of harming her children may assume that they share her sense of despair—or that they will, if they’re left to live without their mother. Such reasoning often derives from depression rather than psychosis, though some clinicians are reluctant to draw a categorical distinction. Sara West, a forensic psychiatrist who has evaluated more than a dozen women accused of killing their children, told me that severe depression tends to involve “an element of distorted reality.” She added, “It’s not always technically psychosis, but it’s also not *not* psychosis.” One study of maternal filicide observed that, whereas psychotic mothers often acted suddenly, depressed mothers tended to contemplate killing their children for days or weeks before acting.

Lindsay was discharged from McLean after only five days, with a prescription for the antidepressant amitriptyline, Pat recalled—her thirteenth medication in a span of four months. According to the prosecution, when she left the hospital, on January 5th, she denied having any more intrusive thoughts. (A representative for McLean declined to comment.) Two days later, Lindsay and Pat hosted a party at a trampoline park, for Cora’s fifth birthday. In a photo from the celebration, Cora, wearing a pink paper crown, watches expectantly as her mother bends to light candles on a chocolate cupcake. Seeing Lindsay there “gave me hope,” Pat said. “I think it gave her hope, too.”

By mid-January, back under the supervision of Jennifer Tufts, Lindsay seemed to be improving, and she began accompanying Pat on outings with the kids. On a few occasions, she encouraged him to leave the house himself. He joined a group of dads for a Sunday brunch and took Cora skiing on Martin Luther King, Jr., Day. Both times, Lindsay looked after some or all of the kids alone. Her parents visited from Connecticut on the weekend of January 21st, and afterward Lindsay’s mom wrote to her in a text, “Nice to see you doing better.”

It had become routine for Pat to hug Lindsay each morning and ask, “How are you feeling? How did you sleep?” On January 24th, he told me, her answers were “good” and “pretty well.” The kids were off from school and Pat had back-to-back meetings, so child care was left to Lindsay. The fact that she could bring her daughter to a medical appointment in the morning has been cited as evidence of her mental acuity, but Pat told me that it wasn’t an ordinary checkup. Cora had a stomach ache, and Lindsay had become fixated on the idea that something could be wrong with her liver. Pat had hoped that a visit to the pediatrician would “bring Lindsay back to reality.”

Around five o’clock, she texted him to ask if he’d pick up Pedia-Lax for Cora, plus a takeout order for dinner. “I didn’t cook anything,” she wrote. “It’s been a long day.” Had Lindsay asked him to run such an errand a few weeks before, Pat told me, he might have had second thoughts about leaving her alone. “If I could go back in time, I’d have called McLean and said, ‘Take her away, lock the door. Keep her in there for a year if you have to.’ ” But, he said, that day “seemed like a really good one.” I mentioned that the same is often said before suicides: a sense of peace can set in when someone in despair decides to end things. “So what do you do?” Pat asked, sounding offended, then genuinely uncertain. “Somebody’s having a great day. Should I call the hotline?”

Less than half an hour after leaving, Pat called Lindsay from CVS to confirm which brand of medicine to buy. She didn’t pick up at first, but she called back a minute later, sounding like herself. Their conversation lasted fourteen seconds. Pat noticed only, as he later told the police, that she seemed to be in the middle of something.

The house was quiet when Pat returned from his errand, just after six o’clock. He set the takeout containers and the CVS bag on the kitchen counter and went upstairs, thinking that Lindsay might be giving the kids a bath.

The door to the master bedroom was locked, but he forced his way in. The room was cold; the window had been left open. There was blood on the floor and a bloody knife on the nightstand, beside a novelty tumbler labelled “Because Kids.” Pat ran back downstairs and found Lindsay lying outside, barely conscious. “What did you do?” he said, shining his phone’s flashlight into her eyes. She replied, “I tried to kill myself.” He asked where the kids were, and she said, “In the basement.” Pat stayed by her side as he dialed 911, terrified that she’d die. When paramedics arrived, minutes later, he rushed inside to retrieve the children, unaware that he was still on the line with the emergency dispatcher.

On the recording of the call, which Jennifer Sprague, the prosecutor, narrated at Lindsay’s arraignment, Pat shouts down to the basement, “Guys?” Sprague explained, “He can then be heard screaming in agony and shock.” The kids still had exercise bands tied around their necks. Pat removed the bands and begged each child to breathe. He attempted to resuscitate Cora, who was lying on her side. “What do you do when you have three kids like that?” he asked me. “How do you pick?” For a while after moving to New York, Pat would say that his children “lost their lives.” When the paramedics reached the basement, though, he could be heard on the line crying, “She killed the kids!”

In “[Mothers Who Kill Their Children](https://www.amazon.com/Mothers-Kill-Their-Children-Understanding/dp/0814756441),” published in 2001, the legal scholar Michelle Oberman and the psychologist Cheryl Meyer characterize American public policy on maternal infanticide as “a combination of denial and punishment.” We “studiously ignore” the crime’s risk factors, they write, and “then cleanse our collective conscience” by doling out the harshest sentences. In much of the Western world, women who kill their children in the postpartum period receive probation and mandated mental-health care rather than prison sentences. About two dozen countries have legally defined infanticide as a less culpable form of murder, recognizing the hormonal impact of pregnancy and childbirth on what many laws call “the balance of a woman’s mind.”

In the U.S., mentally ill women who’ve killed their children tend to resort to insanity defenses, whose parameters vary by jurisdiction. One common insanity test, dating to the eighteen-hundreds, requires a criminal defendant to prove either that she didn’t understand her actions or that she didn’t know they were wrong. In Massachusetts, though, a more lenient and more contentious insanity test considers not only whether a defendant understood right from wrong but also the woolly question of whether she was able to act in accordance with that understanding at the time of the crime. This standard was widely condemned in the nineteen-eighties, after it was used to find John Hinckley, Jr., not guilty for trying to assassinate Ronald Reagan, an attack that he’d meticulously premeditated.

Phillip Resnick, a leading filicide expert who was hired by Lindsay’s legal team to evaluate her, told me that women accused of killing their children might benefit from society’s reflexive assumptions about a mother’s “unconditional love”: she must have been insane to kill her child, since no sane mother ever would. Psychiatric studies often refer to the phenomenon of mothers killing their children before killing themselves as “extended suicide.” Killing one’s child under the delusion that it’s in his best interest is described, even more euphemistically, as “altruistic filicide.” In a perverse circular logic, the crime itself can come to seem like the clearest evidence of the condition that is held up to exculpate the mother—and also like its own form of punishment. Andrea Yates, who had a documented history of psychosis, was ultimately found not guilty by reason of insanity in the deaths of her children and confined to a state mental hospital. Though she has long been eligible to be evaluated for release, she has reportedly chosen to remain institutionalized year after year.

A Husband in the Aftermath of His Wife’s Unfathomable Act  
<https://www.newyorker.com/science/annals-of-psychology/a-husband-in-the-aftermath-of-his-wifes-unfathomable-act?utm_source=nl&utm_brand=tny&utm_mailing=TNY_Daily_Free_101424&utm_campaign=aud-dev&utm_medium=email&utm_term=tny_daily_digest&bxid=5bea028224c17c6adf103f96&cndid=42392678&hasha=5ba0eb96542f39cf25d3c9cd1c11ba3a&hashb=c952b689266902776192b93b1e33d0b6ef56b419&hashc=7b52a07dfe31a200a75969afbc8d9e07fe1a0fb2e7cd0eb749e1e5cdf571999f&esrc=OIDC_SELECT_ACCOUNT_PAGE&mbid=CRMNYR012019>