



Grief Interrupted: Writing My Father's Life

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ABSTRACT

In the fall of 1974, my mother died of ovarian cancer at the age of 65; about eight months later, my father succumbed to depression at 69. The job of cleaning out the house in which I had grown up fell to me. My labors were rewarded by the discovery of a trove of personal documents—mostly personal letters—in my father's closet. At the time, too traumatized to engage with them, I skimmed, sorted, boxed, and stored them. It took me more than thirty years to open that box and absorb its contents.

My rediscovery of this archive significantly affected my relation to the field of life writing, to which I had devoted my academic career. It greatly enhanced my appreciation of correspondence: I finally “get” letters. And the rich material impelled me to compose a memoir of my father. Doing so made me face ethical issues from a novel perspective. Moreover, writing my father's story has helped me understand how a traumatic sequence of events when I was 28 has directed and shaped my academic work from the beginning.

Keywords: grief, memoir, genre, patriography, depression, immigration, life-writing ethics

When I was in the middle of my doctoral studies, my parents died in quick succession. In the fall of 1974, my mother died of ovarian cancer at the age of 65; about eight months later, my father succumbed to depression at 69. After his death, the job of cleaning out the house in which I had grown up fell to me. It was a gloomy task, but early on my labors were rewarded by the discovery of a trove of personal documents—mostly personal letters—in my father's closet. At the time, too traumatized to engage with them, I skimmed, sorted, boxed, and stored them. I knew that I would have to

reckon with them someday, but I could not bring myself to do so for more than thirty years.

At that time (2006 or so) my rediscovery of this archive significantly changed my relation to the field of life writing, to which I had devoted my academic career. For one thing, it greatly enhanced my appreciation of correspondence as a genre: I finally “get” letters.

What the study of my father’s letters made me realize is that correspondence does not just offer evidence of the writers’ lives; in some sense, it *constitutes* their lives. The most relational of life-writing genres, correspondence is the very stuff of life, rather than a mere epiphenomenon. (I explore this idea more fully in an article, “In My Father’s Closet,” and a lecture, “Life in Letters: Letters as Life.”)

The rich material in the archive has also impelled me to compose a full-length memoir of my father. Thus, after a career of writing *about* memoir, I have become a practitioner of it. This, too, has significantly affected my relation to my academic field. Indeed, writing my father’s story has helped me understand how a traumatic sequence of events when I was 28 has directed and shaped my academic work from the beginning.

MEMOIR: THEORY AND PRACTICE

I interrupted the process of researching and composing my memoir to write *Memoir: An Introduction*. A central topic of *Memoir* was particularly integral to my creative project: the question of genre, which I came to appreciate differently as a writer. In my critical work on genre (e.g., “Memoir and Genre,” *Memoir*, ch. 2), I am always careful to say that the point of generic analysis is not to *classify*—to pigeonhole a work—but to *clarify*—to determine what a work is doing in order to respond to it appropriately. Generic boundaries are fluid and indistinct; in any case, a single literary work may draw on, or participate in, different genres and representational methods. That certainly is true of my memoir, which mixes modes of narration. Its title, *Letter to My Father*, reflects its reliance on epistolary sources to reconstruct my father’s early life; insofar as the letters represent him and his correspondents directly, it is epistolary in method, in textuality. Because it grows out of my relationship with my father, it also constitutes what I have dubbed patriography; its subtitle, *Recognition and Reconciliation*, refers to the relational work it performs.

I have also come to think of it as a grief memoir; this term reflects its genesis and perhaps its deepest function. The term was not current when I began my project. But the grief memoir has recently attracted much attention in the US thanks to Joan Didion’s highly regarded memoirs of her husband, John Gregory Dunne, *The Year of Magical Thinking*, and of

her daughter, Quintana Roo Dunne, *Blue Nights*. The title of this article, “Grief Interrupted,” reflects how my grieving was impeded and delayed by my shame over the circumstances of my father’s death: a slow-motion suicide by self-medication for depression with alcohol. I have been able to mourn at last only by writing his life.

A distinct aspect of my project has also affected my thinking about memoir. As a narrative that devotes more space to my father’s life before he was married and had children—i.e., before I existed, let alone “knew” him—than to his life as a husband and father, my memoir is necessarily somewhat biographical. Writing his life as a young man, which I was able to do in considerable detail only because he left behind so many rich letters, I came to appreciate anew how “partial” and provisional all life writing is. And I was struck by the irony that I was able to know my father more fully by perusing his archive after his death than I had by sharing the same household when he was alive. This is not just a matter of temporal distance as perspective, “then” versus “now.” It is also a matter of the difference between experiential familiarity and a belated, but purposeful (perhaps obsessive) attempt at explanation and understanding.

These perceptions heightened my wariness of what I call “hi-def” memoir (*Memoir* 72–74)—the kind of memoir (like Mary Karr’s *The Liars’ Club*), that puts the reader in the moment by providing abundant novelistic detail. Because so much of my memoir was engendered by, and based on, the fortuitous discovery of a trove of personal documents, I came to value evidence-based memoir over the hi-def approach, which purports to recreate experience from memory alone, and which values scene over summary. I came to prefer memoir that traded in reflection rather than “recreation,” on the grounds that the latter kind of mimesis was false to the way memory actually works: autobiographical memory consists more of typical actions than of discrete scenes. In any case, I found that when I came to the part of my memoir that relied on memory, recreating scenes in vivid detail not only demanded narrative skills I lacked; it felt false whenever I attempted it. So my writing of a memoir has affected my ideas about genre—and vice versa.

GRIEF INTERRUPTED: MY FATHER AT MCLEAN HOSPITAL, 1973

Located in a suburb of Boston, Massachusetts, McLean Hospital is known not just as one of the oldest and best American mental hospitals, but also for its long roster of celebrity patients, which includes Zelda Fitzgerald, Robert Lowell, Anne Sexton, Sylvia Plath, Ray Charles, James Taylor, Marianne Faithfull, John Nash, Lou Reed, Steven Tyler, and David Foster Wallace—and of course Susanna Kaysen, whose memoir of her time

there, *Girl, Interrupted* was widely read and highly acclaimed. (As I review this roster, I cannot help affixing a mental asterisk to the names of those who killed themselves after their treatment: Sexton, Plath, and Wallace, so far; Taylor, Tyler, and Kaysen are still alive.)

When my father was sequestered at McLean, I was living not far away; my visits familiarized me with the institution's impressive collegiate campus. His treatment, however, was largely opaque to me at the time.

In the United States, since 1996 patients have had the legal right to see and obtain copies of their medical records—a right that extends to the children of deceased patients. When I finally began to research my father's memoir, I realized that this period of his life had been documented in a way that might be helpful to me, giving me vicarious access to his life as a mental patient.

Acquiring Dad's records entailed verifying his death, establishing that I was his son and executor, filling out various forms, and paying fees for photocopying, handling, and mailing. After I had done all that, I received a packet of records more than an inch thick.

I was not eager to peruse these documents, but I hoped they might provide some insight into my father's sudden descent into acute, clinical, and finally fatal depression in early middle age. For my sake, for his sake, and for the sake of the medical profession, I wish I could say that they did. But they did not.

As it happened, I had been right to dread this process. Reading through the McLean files, which I have done at least three times, is a dispiriting experience. These are the only documents in Dad's archive that are painful for me to read. The other documents—mostly letters—were collected by him; whether written by him or to him, they were not meant for my eyes, but they represent him intimately and revealingly. Reading them, I don't feel like a voyeur; rather, I feel like a privileged auditor of precious private communication.

Not so with his medical dossier. It does feel voyeuristic to observe him through the medical gaze when he was vulnerable, fragile, and desperate. Physically, he was surprisingly hale when admitted. But it is disturbing to peruse the results of his thorough physical examination, as each vital organ in turn is subjected to medical assessment. What's far worse, however, is reading about his demeanor when admitted (downcast), his affect (depressed, flat), his conversation (monosyllabic), his attitude (resentful and resistant), his behavior (agitated or withdrawn), and his stance toward the other patients (fearful and isolated). Upon admission, and often thereafter, he would pace the halls like a caged . . . human being. Despite my sense, then and now, that he needed hospitalization, I suspect that some of this is a function of his environment—or at least his desire

not to be in it. In any case, I find this report very affecting. My heart goes out to a frightened, troubled man.

On a form optimistically called “McLean Hospital Progress Notes,” various medical personnel recorded their impressions of him. Their sense was that he wasn’t doing very well. So, after a short unsuccessful trial with medication, he was given electro-convulsive therapy, popularly known as electroshock or ECT. For my generation, ECT was epitomized by Ken Kesey’s novel, *One Flew over the Cuckoo’s Nest*, in which it is given against his will and forcibly to the protagonist Randle McMurphy (played by Jack Nicholson in the 1975 film version).

So when it was proposed to try ECT on Dad, I was initially horrified. But nothing else seemed to work. He acquiesced, signed the requisite waivers, and, over five weeks in February and early March, he underwent a dozen treatments. Indeed, a substantial portion of the medical documentation I obtained comprises records of these treatments, his EEG read-out—all of it of course inscrutable to me (Illustration 1).

After some encouraging initial improvement, the results were negligible: no lasting “lifting of mood.” After a stay of nearly four months—interrupted when he took a brief leave against medical advice—he was discharged on May 1, 1973, without discernible improvement. Two years later, he was dead. (In clinical terms, his death was a result of organ failure due to sustained alcohol abuse; without denying that, I prefer to attribute it to depression.)

Ultimately, his medical records revealed less to me about the cause and course of his depression than about the fallibility of such records and indeed of state-of-the-art treatment of depression.

Medical diagnosis—especially of mental illness—is of course an art, not a science. But even as such, it is highly problematic. The ever-proliferating diagnoses in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) do not demarcate discrete conditions, nor are these conditions susceptible to definitive tests using reliable biomarkers. As Gary Greenberg has pointed out in *Manufacturing Depression*, there is an element of circularity in these diagnoses: “In psychiatry . . . the symptoms constitute the disease and the disease comprises the symptoms” (65). It is as though a physician were to diagnose a patient presenting with a cough as afflicted with “coughing syndrome” and left it at that, rather than trying to determine what was causing the patient to cough—whether something in his body (a microbe) or something in his environment (an allergen).

Because of his unauthorized leave, my father was discharged twice within a three-week period. To my amazement, his two discharge summaries have almost no diagnostic terms in common (Illustrations 2 and 3). Granted, they were written by different physicians weeks apart; still, the

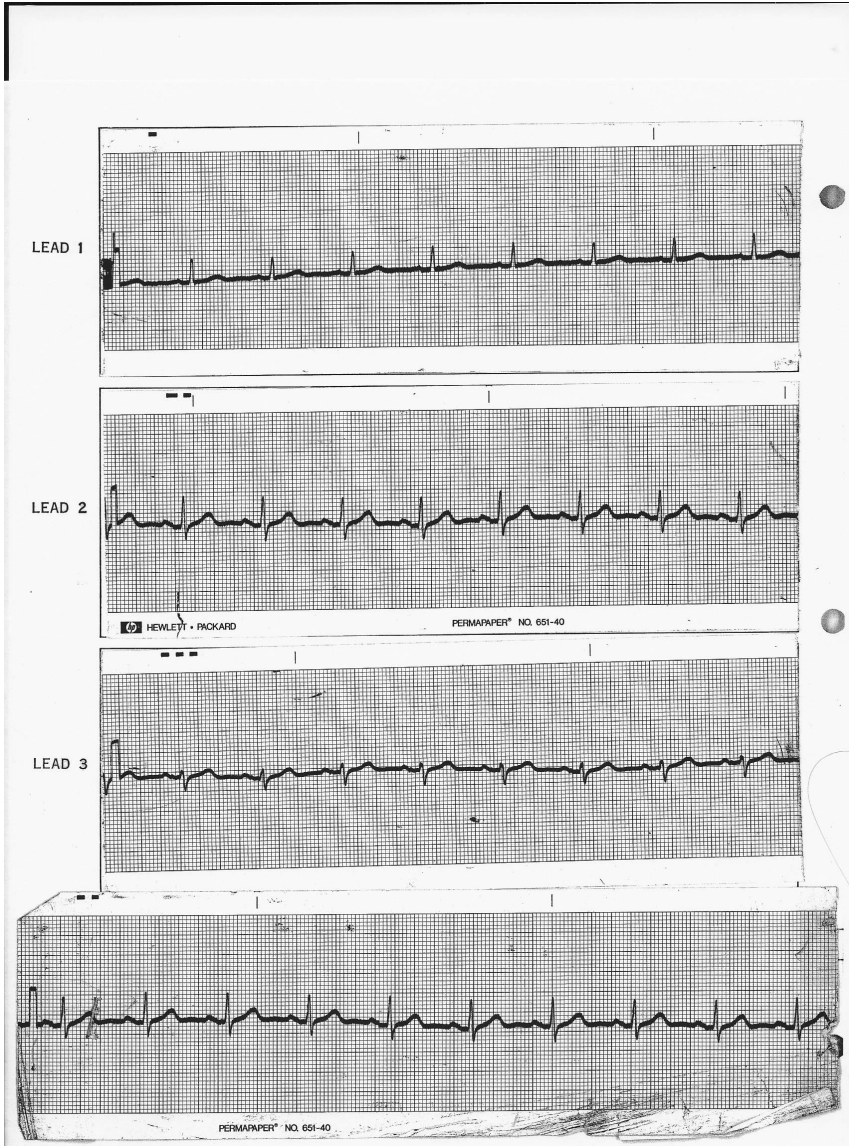


Illustration 1.


McLEAN HOSPITAL		Page.....
No. 24 403	Name COUSER, Mr. William	Page 3
1973 April 6	<p align="center"><u>DISCHARGE OUTRIGHT SUMMARY</u></p> <p>his wife continues to work. At the time of his discharge the patient was very resistant to involving himself in part time tutoring or to seek employment through the educational warehouse. Discussion focused on this issue to no avail.</p> <p>This perpetuation of low self esteem seems somewhat to be tied into his ^{dependency} residency</p> <p>The discharge diagnoses are: 1 Alcoholism, alcoholism addiction medically improved. 2 Involitional depression, involitional melancholia--moderately improved 3 Obsessive compulsive personality unchanged.</p> <p>Prognosis: Guarded</p> <p align="right">  Ralph S. Ryback, M.D. Director of Alcohol & Drug Abuse Services </p> <p>RSR/rd Dict: 7/19/73 Typed 7/19/73</p>	

Illustration 2. Discharge summary April 6, 1973.

McLEAN HOSPITAL		Page.....
No. 24 597	Name	PHI
1973 May 1	COUSER, Mr. William G.	
<u>DISCHARGED OUTRIGHT SUMMARY</u>		-2-
<p>A diagnosis of alcoholic addiction, chronic, was made. Simple drunkenness, neurotic depression, and a passive dependent personality.</p> <p>The physical examination on admission revealed a well-developed, well-nourished, alert, cooperative man. There was no sign of dehydration. Eyes, ears, nose, and throat were all normal. The neck was supple. The thyroid was not palpable. The lungs were clear. There was no enlargement of the heart, rhythm was regular and no murmurs were heard. The abdomen revealed a palpable liver at the right costal margin which was slightly tender. No other organs or masses were palpable. The nodes were normal. The extremities were normal.</p> <p>The complete blood count was within normal limits. The serology was negative. The T-3 was normal. The glucose and BUN were within normal limits. The liver function studies were within normal limits. A chest X-ray was not done because of his recent previous admission. An EKG was within normal limits.</p> <p>A program of detoxification of Librium and multi-vits was made for this man. He improved considerably so that on 5/1/73 he was Discharged Outright to continue in the Appleton Aftercare Program. This was at the request of Mrs. Prick of the Social Work Department.</p> <p><u>Final Diagnoses:</u></p> <ol style="list-style-type: none"> 1. Depressive reaction. 2. Passive aggressive personality and alcohol addiction. 3. Simple drunkenness. Improved. <p style="text-align: right;"><i>David Browne M.D.</i> David Browne, M. D. Psychiatrist-in-Charge PHI & II.</p> <p>DB/nb</p> <p>Dictated: 7/24/73 Typed: 7/26/73</p>		

Illustration 3. Discharge Summary May 1, 1973.

physicians were consulting the same records about the same patient. The lack of overlap is striking. Let me illustrate what I am inclined to call “dartboard diagnosis.”

I confess that I was amused to come across the blunt term “simple drunkenness” here. It was undeniable—by anyone but Dad—that he was an alcoholic, and his denial of it was further evidence of his condition. But his drunkenness was hardly “simple.” He drank furtively and self-destructively, consuming gin straight from the bottle with the sole goal of achieving senselessness as quickly as possible. In any case, “drunkenness” is hardly a clinical term. “Alcoholism addiction [sic]” sounds more clinical. But I’m not sure even that is a valid diagnosis. If Dad were truly *addicted* to alcohol—rather than merely dependent on it in times of crisis—how could he live without it for weeks or months, or drink sociably and responsibly at times—as he did?

Aside from these discrepancies, what we have in these summaries is either obvious or nonsensical. At this time in his life, Dad *was* pathologically dependent on my mother. But I suspect that the “passive aggressive” diagnosis has more to do with his resistance to treatment protocols than with any essential personality trait. Although Dad needed psychiatric help—and I wish he had been a more compliant patient—I sympathize with his resistance to the regimen of what Erving Goffman refers to as a “total institution.” The whole set-up of such institutions seems inherently, and counterproductively, infantilizing: patients’ days are regimented; therapeutic activities and appointments are scheduled; meds are doled out at prescribed intervals; meals and maid service are provided. At the same time, paradoxically, patients are urged to take responsibility for their recovery. The institution seems to send mixed messages, placing patients in a kind of double bind.

My father was diagnosed under the second edition of the DSM. In the DSM-II, what we think of today as OCD (obsessive compulsive *disorder*) is a neurosis (300.3), whereas Dad was given a diagnosis of obsessive compulsive *personality*, which is “characterized by excessive concern with conformity and adherence to standards of conscience,” rigidity, inhibition, and perfectionism (43). In my view, Dad was neither rigid nor perfectionist. At the time of his hospitalization, he may have seemed obsessive in his tendency to dwell on the negative—a trait of depressives—but I would attribute “excessive concern” with conscience to guilt over his drinking, rather than to an underlying predisposition.

Obviously, he was depressed—always mildly and at times acutely. But the diagnoses in these documents are disparate. “Involutional depression” refers to an endogenous condition brought on by the deterioration of the body that occurs naturally with aging. But that’s a description, not

an explanation: why is aging accompanied by depression in some people but not in all? And, as his admission physical showed, aside from his depression and alcoholism—indeed, in spite of them—he was in remarkably good condition for his age. And his four siblings all lived in good health well into their 80s and 90s.

In contrast, “depressive reaction” (or reactive depression) refers to depression triggered by some life event. But no one—not Dad, not his referring therapist, and not McLean’s psychiatrists—could identify any events in his life that might have precipitated his depression.

The point of diagnosis is to direct successful treatment. In Dad’s case, his treatment ran the gamut without lasting benefit; so perhaps misdiagnosis was not the whole problem. But the McLean diagnoses not only failed to lead to effective treatment; they seem deficient simply as life writing. For me, as his son and memoirist, the problem is that McLean personnel seem more concerned with classifying Dad than with understanding him. In any case, the medical file provides little in the way of insight. What I seek is causation, explanation, and meaning, rather than pigeonholing diagnosis. Indeed, I can’t help thinking that had Dad and his therapists been able to create a better narrative of his life, that collaborative process might have been more therapeutic than the pharmacopeia and ECT he was subjected to. As Greenberg points out, psychotherapy (as distinct from psychopharmacology) is “the only profession built on the idea that changing the story we tell about our suffering can relieve it” (24). My father’s therapists did not succeed in understanding, much less help him change, the story of his suffering.

Despite my hopes regarding his McLean dossier, then, I find nothing that helps me understand his depression or his personality. In reconstructing his life, however, I have arrived at an understanding of the genesis of his depression that I find not only plausible but compelling.

The key was hidden in plain sight all along—in his family tree. Although I grew up knowing Dad as the oldest of five siblings, I learned only after he died that he was not his parents’ firstborn child. And I think that his early years may explain the fragility of his ego and his late-life depression. Consider this sequence of events in his very early life, beginning with his parents’ wedding:

- 1903: Marriage of Maria Jane Griffith (b. 1880) and Isaac Couser (b. 1878) of Bessbrook, Northern Ireland. 6 August
- 1903: Birth of Muriel, 11 November
- 1906: Birth of William Griffith, 24 March
- 1908: Birth of Isaac, 2 August
- Death of Muriel, 2 August
- Death of Isaac, 1 September

- 1909: Birth of Thomas Clifford
- 1910: Emigration of family from Northern Ireland to New England
- 1912: Birth of Irene, 29 August, in Massachusetts
- 1917: Birth of James, 9 September, in Massachusetts
- 1920: Birth of Kenneth Vincent, May 7, in Massachusetts

Ulster Scots, my paternal grandparents resided in Bessbrook, a mill town near Belfast, Northern Ireland, after their wedding. Their first child, born in 1903, was a girl, Muriel. Dad (William Griffith) was born next, in 1906. Two years later, a third child was born: Isaac, named after his father. But on the very day of Isaac's birth—August 2, 1908—Muriel died, at age four. A mere four weeks later, Isaac died. So in a single month, when he was only two, my father lost his only siblings, an older sister and a baby brother. Moreover, in that month, his parents lost two children, their firstborn child and his father's namesake.

Two years later, the family emigrated from Ireland to the United States, where the rest of my father's siblings were born. I believe this transatlantic relocation was spurred, in part, by the desire to leave behind the site of their painful losses.

In her memoir of family depression, *The Family Silver*, Sharon O'Brien expresses the belief that "we inherit our ancestors' emotional histories, particularly their unexpressed stories of suffering, exile, and yearning. . . . From what we know of trauma now, it's clear that both those who stayed in Ireland and those who left, never to return . . . , were marked emotionally and psychologically, and that inheritance has to have marked their children and grandchildren" (80).

If I am correct in my conjecture that my father's parents left Ireland in part to put an ocean between themselves and their dead children's graves—which are still unmarked—then O'Brien's observation applies in a particular way to my family history. In any case, it puts it in a broad TransAtlantic perspective.

Consider this brief letter, the only personal letter in my father's archive that originated in Ireland. It's a note scrawled in spidery script and addressed to Isaac by his mother Jane.

August 15

My Dear Son,

I write you a few lines to let you know I am breathing

I wish I could see you

I would tell you more than I could write

I am all alone to day only Mrs. Brown is with me

I feel it very much to be alone but it will come to an end some day
 They are all good enough to me
You said when you went away you would come to see me in two years
Many a time I wonder will I ever live to see you again
 Remember me to wife and children
 May god bless you all
 I feel tired and can write no more
 You can barely be able to read this
 So goodbye from your loving mother to death
 Jane Couser
 God bless you all. [emphasis added]

Both of my father's parents left large families behind: their parents, uncles and aunts, and numerous siblings and cousins. Their doing so must have been wrenching for them. I find this letter very affecting because of the way in which it expresses the loss felt perpetually by those left behind—as well as suggesting the guilt that might be felt by the emigrants. The note becomes all the more affecting when I consider how many versions of it, in various languages, must have been sent to American immigrants over the centuries. My great-grandmother Jane's letter, written one hundred years ago, certainly testifies to the emotional toll of immigration on both sides of the Atlantic.

But even before the trauma of emigration, which tore him away from his familiar surroundings and extensive family, my father had suffered a more significant set of losses in Ireland. Presumably, Dad had no understanding of death at the age of two. But he must have registered the abrupt disappearance of his siblings, and his parents' grief would have marked those losses for him as well. Whatever his level of comprehension, the sudden loss of his two siblings would have utterly transformed his small world. When he was two, his older sister must have been an important companion; he must have looked up to her, literally as well as figuratively. As Maria's first child and daughter, Muriel would have been especially dear to Dad's mother. Whatever form *his* grief took, Maria's must have been palpable to him at a time when he was very vulnerable.

But whereas she may have received support from her large family and consolation from her religious faith, Dad may have been neglected—especially by her. The deaths of his two siblings must have rendered his mother less available to him; distracted by grief, she may have withdrawn from him to protect herself against further hurt. He may have withdrawn from her as well, in response. Did he experience survivors' guilt? Did she unconsciously assign him survivors' blame? In any case, the bond between them must have been complicated by this episode.

I believe that this threefold deprivation wounded Dad deeply—indeed, traumatically—but so early in his life as to make it difficult for him to register it at the time and thus reckon with it later. It's hard to see how he could have grieved sufficiently. In fact, I doubt that his mother did. Giving life to four more children may have compensated somewhat for her losses. But her dour and distant demeanor when my sister and I knew her suggested lingering pain. We have no memory of comforting maternity with her, as we do with my mother's mother. In any case, I have come to think of grief interrupted as a leitmotif of three generations of Couser family history.

This sequence of events has powerful explanatory force for Dad's whole life narrative. It illuminates his tendency toward depression, and thus indirectly his alcoholism. His pattern of drinking in bed and mixing gin with milk may have returned him to the scene of a primal loss and reflected a need so deep he could not comprehend it, much less articulate it.

Indeed, I have come to believe that when my sister Jane and I (coincidentally, but significantly, an older daughter and a younger son) left home for university in quick succession, the departure of two significant others from his household may have recapitulated the primal losses of his siblings, deep wounds that he didn't remember and couldn't address in therapy. All of this is speculation, of course, but it has grown out of my pains-taking attempt to reconstruct his life using documents he left behind.

In writing his memoir, I have done my best to make sense of what confounded me when he was still alive. And I am grateful that the discovery of his archive of documents had the delayed effect of enabling me to come to know him more fully and to resume, at last, my interrupted grieving.

THE ETHICS OF PATRIOGRAPHY

To compose a complete and candid account of my father's life, I needed to recount its sad last phase—in part as a way of coming to terms with it decades later. Even as I was drawn to my father's final days (the primal scene of the memoir's conception), I realized that this chapter of his life posed ethical questions for me. So here, as with matters of genre, my creative project was bound up with questions I had deliberated as a critic. But these complex ethical issues look quite different when one is "doing" memoir rather than appraising it. How much of my father's decline was it seemly for his son and memoirist to make public? To what extent was my right to tell "my" story at odds with my published warnings

about the dangers of narrating the lives of vulnerable subjects? My father, depressed, alcoholic, suicidal, was certainly a vulnerable subject. And in my view, his being dead did not exempt him from liability to harm.

When I gave a short version of this article as a paper, a member of the audience asked whether writing a memoir had changed my perspective on the ethics of life writing. My answer was unequivocally affirmative: writing a memoir has certainly made me more sensitive to the predicament of the memoirist. I have new regard for the writer's sense of authority over another's story when it is intermingled with his own. The ethics of life writing looks very different when the pen is in the other hand, so to speak.

So, although I have benefitted from the long, laborious, and emotionally fraught process of writing the memoir, I have also been concerned about whether I've acted ethically. I had no qualms about investigating my father's past. I had no reservations about accessing his medical records. As indicated above, American law gives that right to estate executors; I had administered his estate and documented my status. Legally, I had the right to his records; I felt on solid ground ethically as well. But it's one thing to acquire and examine these documents; it's another to make them public. So I wondered whether, for starters, I had run afoul of the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (known as HIPAA) in including excerpts from my father's health records in this account. The point of the Privacy Rule, as its name suggests, is to protect patients' privacy by ensuring the confidentiality of medical records. Health information is to be strictly controlled—issued to patients first, to family members with patients' permission, and, as needed, to other healthcare providers. Had I violated the privacy rule in making parts of my father's "chart" public—without his permission and without medical justification? I would be chagrined to have violated this law.

As it happens, the Privacy Rule is widely misunderstood as more restrictive than it actually is. Its strictures apply mostly to the health-care providers who generate, gather, and retain information regarding patients' health in the first place; the rule is intended to prevent this information from leaking to those who might use it to discriminate against the ill—notably, their employers (most Americans have health insurance only through their jobs). For that reason, the law applies "only to health care providers, health insurers, clearinghouses that manage and store health data, and their business associates"—not to family members, who can access patients' records under certain circumstances without their permission (e.g., when the patient is incapacitated—or, dead, like my father). The Privacy Rule does not constrain family members' diffusion of medical information. So my disclosures of my father's records are within the law.

But of course, the real issue is not legal but ethical. Am I *justified* in my disclosure?

One way to think about this would be to ask whether my father would have wanted his records disclosed? The answer to that, I have to admit, would clearly be no. Dad never admitted that he was alcoholic, and, although he could not deny his depression, he was loath to identify as a person with a mental illness. That's one reason he was such a bad patient. But memoir could not exist if memoirists never revealed anything about others that those people would not reveal about themselves. Such a strict ethical rule is incompatible with the needs of the genre.

As is now widely recognized, all autobiography is also biography: no one lives in a social vacuum; human identity and selfhood are functions of our embeddedness in social networks. So even when memoir is focused on its author, others' lives get exposed. And in the case of patriography, the inherent relationality of the genre raises the stakes.

In *Vulnerable Subjects*, I consider the ethical problems inherent in representing subjects who are not able to speak for themselves—primarily due to disability (esp. ch. 2, "Auto/Biographical, Biomedical, and Ethnographical Ethics"). In that volume, I did not address the matter of whether the dead are liable to harm. But in *Signifying Bodies*, I argued that, although the dead are no longer subjects sensible of harm, their interests—reputation, e.g.,—survive them and are subject to damage (ch. 6, "Lucy Grealy"). This is why we honor wills, after all. And of course the dead cannot give consent. The question then becomes whether the representation is actually harmful (and of course it need not be malicious to do harm), and if so, whether the harm can be justified.

I have been acutely aware that some of what I divulge in my (as yet unpublished) memoir might be perceived as damaging my father's reputation—at least among those who knew him when he was alive, such as his numerous admiring ex-students. Is it ethical for me to expose his alcoholism, his depression, his suicide, to them?

In addition to my own pronouncements on these issues, I also turned to two analyses that focus explicitly on filial memoir: John D. Barbour's "Judging and Not Judging Parents" and Richard Freadman's "Decent and Indecent: Writing My Father's Life." Barbour reminds us of what is so obvious it might go unremarked, the centrality of parents to memoir: "One of the most significant ethical dimensions of life writing is the writer's evaluation of his or her parents. . . . A central theme in many autobiographies is judging one's parents Intergenerational life writing is a matter of both judging and not judging" (73, 74). According to him, the ethical path is not *not* to judge, which is hardly possible; rather, it is to judge *fairly*, allowing for context.

As my father's *son*, I had been harshly judgmental of his drinking; the moment I found out he had been drinking secretly and destructively remains a turning point in my life: it changed my sense of him instantly and nearly irreversibly. As his *memoirist*, however, I have come to understand the deep-seated nature of his insecurity, to appreciate why his ego was so fragile and how alcohol had been a form of self-medication for depression—albeit highly counterproductive. I can't say that I forgive him his drinking, which was so hurtful to my mother and destructive to him; rather, I would say that I have come to understand it more empathetically. And if I expose it in the memoir (not only and not least through the diagnostic terms applied to him at McLean), it is as part of a larger narrative in which it makes more sense to me now than it did when he was alive. In that sense, I can accept it—and present it—as something for which he should not be harshly judged. As I see it now, it need not damage his reputation, even though it may be inconsistent with the picture people had of him when he was alive.

To read Richard Freadman's chapter was to encounter a figurative brother, another son wrestling with the issues that bedeviled me. Like my father, Freadman's experienced some setbacks, including a mental breakdown; like mine, his father was a proud man who would clearly not relish having these things revealed. Freadman's discussion focuses on the issue of trust and the possibility that his patriography constitutes a betrayal of a deep bond built on implicit trust between father and son.

Because it probably never occurred to my father that I would publish this sort of auto/biographical book about him and me, I have to try to figure out how he as a man with a fairly informed understanding of life writing modes in general would have felt if I'd proposed to him that I publish such a book. If I can do this, at least to my satisfaction, then I have some idea of what kinds of *trust parameters* . . . on his part I should be loyal to. (133)

Soon after this point in the essay, he stages a dialogue in which his father came "back to life for a day and . . . this gave me the opportunity to talk with him about the as yet unpublished manuscript of *Shadow of a Doubt*" (134–45). To his credit, Freadman portrays his father as initially put off by the idea of the memoir, and the dialogue does involve genuine back and forth. But by the time the essay appeared, the memoir had been published, and the resolution of the dialogue is a foregone conclusion. An intergenerational deal is struck: the son offers to allow his father to vet the manuscript, though not to be bound by his response. As Freadman concedes, such a "fictive modeling" is "deeply artificial" and problematic. Indeed, it struck me as a false step in an otherwise astute and

candid self-examination. In any case, his representation of his father in his patriography seems ethical to me.

There's more for me to be wary of revealing in my as yet unpublished patriography than the McLean medical records included here. One scene in *Letter to My Father* is nearly as gruesome as the scene in Philip Roth's *Patrimony* which documents his father's explosive diarrhea. Unlike Roth, I never promised not to tell this story. Still, doing so could be considered a violation of implicit trust. Yet I consider this scene—however indecent—integral to the story. As with the quotation of his medical records in this account, the justification has to lie in the overall effect of the memoir.

In my critical work on filial memoir, I distinguish between two impulses: affiliative and disaffiliative ("Genre Matters" 137–38). The former impulse aligns the author with the parent; the latter distinguishes the two parties. Both, of course, can be justified, and both can be found in the same memoir. As my subtitle, "Recognition and Reconciliation" suggests, my patriography, though not without judgment of my father, was generated by, and is characterized by, a strongly affiliative impulse. Indeed, it seeks to repair a breach between us, posthumously.

Most of the memoir is devoted to excavating his premarital life, of which I knew little when he was alive. I have been impelled by my belief that various aspects of it deserve public recognition: his work as a missionary/teacher (but not evangelist) in Aleppo, Syria, where he served Armenian refugees from genocide at the hands of the Turks; his romantic friendships with several gay men before he met and married my mother; his decorated naval service in WWII. It is my exploration of these facets of his life that underlie the "recognition" of my subtitle. Only in researching his life did I come to appreciate what an extraordinary man he had been.

But the writing of the memoir also allowed me to come to terms with the dismal circumstances of his death. My father's tragic end was part of the whole fabric of his life. To leave it out would be to falsify the story. For years, I hid its grim reality from people who inquired about his death; my secrecy did not serve either of us well. For my part, I can claim the right of the suicide survivor, who suffers trauma of his own: his story is also my story. But even that right has its limits. And I don't mean to rely solely on it. Rather, only in the process of narrating his sad last phase have I come to accept it, to see its inevitability, given his emotional make-up and personal history. Indeed, ironically, I like to think that I have come to an understanding of his suicidal depression that eluded him, and which, had he been able to access it, might have proved life-saving.

More than that I cannot claim on behalf of the ethicality of my memoir; readers will have to judge the work themselves.

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