

Four days after Patrick Clancy's wife, Lindsay, strangled their children, he publicly forgave her. "The real Lindsay was generously loving and caring," he wrote. Photographs by Sarah Blesener for The New Yorker



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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.

Get Support

If you are having thoughts of suicide, call or text 988 or chat at [988Lifeline.org](https://988lifeline.org).

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, 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 described a months-long decline that “began with 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,” 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, 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 breastfeeding 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," 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—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," 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," 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.

During phone calls with Lindsay, Pat says, "I think one of the first things I asked was, 'Did you plan this?'"

Despite publicly forgiving Lindsay, Pat didn't contact her after the killings. He stayed with his parents at their home on Scituate Harbor, not far from where he grew up. Periodically, he went back to Duxbury to pick up clothing and deliveries from the house; once, on the doorstep, he discovered a rotting apple pie. So many reporters had gathered in the town that he held the children's funeral at his parents' church. Three small coffins were rolled out into the nave, and a priest read Pat's eulogy on his behalf, because, as one of his cousins recalled, "he was basically catatonic."

A couple of days before the arraignment, Pat got a voice mail from a number that he didn't recognize. It was Lindsay, calling from a psychologist's cell phone to say that she loved him. She called back the next day, as Pat was wandering the shoreline, and this time he picked up. Speaking at a quick, panicked clip, Lindsay explained that she'd heard a voice commanding her to kill the children, and then herself, because it was her "last chance." Pat told me, "She did not sound like my wife." He ended the call after about a minute.

For months, he was consumed with the thought that "nothing was left." In February, he took a solo trip to Central America and then to Europe, staying in youth hostels to avoid the sight of vacationing families. When he got back, he cleared out the Duxbury house and drove around town handing off his children's stuffed animals and unused arcade cards to friends. He didn't realize until arriving in New York that his new building sits beside a preschool. In the mornings, he often sees rushed mothers and fathers coaxing their clingy kids through the doors. "I envy their misery," Pat told me.

After Pat's unsettling first call with Lindsay, they went six months without speaking. That spring, after a stint at a rehabilitation facility, she was transferred to Tewksbury Hospital, a state-run institution with a large population of psychiatric patients in criminal custody. Her parents were living out of a hotel to be near her, and although Pat and Lindsay hadn't been particularly religious, the pastor who'd baptized Callan had been visiting weekly from Duxbury to pray. A psychiatrist said that rosary beads were a suicide hazard, so the pastor brought a string of them that wasn't long enough to fit around Lindsay's neck. On her thirty-third birthday, last August, Pat called her at the suggestion of her father, who told him that she was in "tough shape and going downhill." (Lindsay's parents declined to speak with me.) Lindsay was playing Rummikub with a therapist when Pat reached her. She told him that every day was the worst day of her life. "She misses her kids," Pat explained, then added, "Which I know sounds crazy to some people. But that's the reality."

The ample evidence that Lindsay was a loving mother has made it difficult for Sprague, the prosecutor, to supply a plausible motive for the killings. In court, Sprague has labored to depict Lindsay as a selfish woman disillusioned with domestic life, reading aloud a note that Lindsay had written to herself five months after Callan's birth: "I think I sort of resent my other children because they prevent me from treating Cal like my first baby. . . . I want to feel love and connection with all of my kids." Sprague concluded, "This would indicate that she did not feel love or connection with at least *some* of her kids." On the Internet, Lindsay's detractors found a post from a parenting forum in which she once described Dawson, her middle child, as "the most difficult human I have ever encountered." This didn't sound especially different from a line in Pat's eulogy—"Make no mistake, this boy loved to push buttons"—but it was touted by online observers as incriminating evidence. A member of Lindsay's mom group in Duxbury, who was questioned by a group of male police officers after the killings, told me that they'd printed out the women's text correspondence and interrogated her about Lindsay's frustrations with Dawson's sleep schedule. The woman

recalled replying, “I can pull up messages like this from all of my friends who are moms.”

Last September, Lindsay's case was moved to the Massachusetts Superior Court. At a hearing that October, Sprague suggested that her suicide attempt was halfhearted and possibly staged, calling the lacerations on her neck and wrists from that night “minor scratches.” Lindsay's cuts had been deep enough to leave streaks of blood on the bedroom floor and on the home's shingled exterior, but Sprague presented the latter detail as evidence that Lindsay had “slid down” the side of the house, adding, “She did not *jump*.” The hearing was held at Tewksbury Hospital, so that Lindsay could attend in person. She sat across from Sprague at a long conference table, in a wheelchair. As if to explain Lindsay's paralysis, Sprague said, “I don't think she took into account the fact that the ground was frozen.”

The only times Pat sounded heated or sarcastic in our conversations were when discussing the prosecution or the “ringworms on social media,” as he called them. “It's really hard to kill yourself,” he said, one night at his apartment. “If you think it's so easy, why don't you try?” In his bedroom, he keeps a bag of letters from sympathetic strangers, many of whom relate their own battles with postpartum mood disorders. Pat showed me one handwritten note that said, “When I hear the prosecution speak, it sounds like the Salem witch trials.” He often characterized his forgiveness of Lindsay as a reaction against bad-faith narratives, a matter of accuracy rather than loyalty. “If the prosecutor and the public had gotten it right from the beginning, I probably wouldn't have even written that GoFundMe note,” he said.

Pat saw Lindsay's case as “crystal clear,” but insanity pleas face long odds even when a defendant has “florid” psychotic symptoms. Investigators had unearthed new details about Lindsay's case that had the potential to seem damning in court.

Four days before strangling the kids, she had searched the phrase “can you treat a sociopath” on her phone; she had also looked up what court records describe as “ways to kill.” Postpartum mental illnesses exist along a vexingly complex spectrum. The legal system generally presents a binary—sane and guilty, or insane and not—and a not-guilty verdict might seem unconscionable when the victims were innocent children. As Reddington, Lindsay’s lawyer, told me, “Juries don’t want it on their hands.”

One afternoon last winter, I visited Pat’s parents in Scituate. Outside their living-room windows, the harbor’s waves, which were the same pale gray as the sky, lapped at the grass in the back yard. On the coffee table was a custom jigsaw puzzle, showing Dawson smiling in a pile of leaves, which Pat had sent his mother for her birthday. Sue Clancy is a youthful-looking woman with a blond bob and a strong New England accent. Like Lindsay, she’s a labor-and-delivery nurse, and the two women briefly worked together when Lindsay did a rotation at Sue’s hospital, after nursing school. In an old informational video for patients, they sit side by side in matching blue scrubs. Sue was one of the few people in whom Lindsay confided about her difficulties after Callan’s birth. Sue told me, “I still have texts on my phone: ‘I have an appointment Tuesday and Thursday. I’m working so hard. I want to get back to myself. I want to be with my kids.’ ”

After the death of her three grandchildren, Sue tried returning to her job, but she found it too hard to be around young families: “I’d see fathers with car seats and diaper bags bringing in the siblings to meet the new baby.” Her husband, Chris, who goes by the childhood nickname Fitty, has a thick mustache and wore a wooden cross hanging from his neck. He runs a contracting company but told me that business has dropped off since the killings. Although he and Sue stood by Pat in his support of Lindsay, their feelings were more ambivalent than their son’s. Sue explained, “I don’t hate her, and I don’t call her names—I have empathy.” But, she

added, "Lindsay hurt a lot of people. She hurt her parents. She hurt us and all our kids, our cousins, our community." I asked what they thought the outcome of the case should be. Fitty began to answer, but Sue cut him off. "Lindsay has to pay for what she did," she said. "Fortunately, it's not up to any of us to define what that payment is."

On the first anniversary of the tragedy, Pat and his parents returned to Duxbury for a memorial service at his and Lindsay's old church. The town had marked the occasion with an initiative called "With Love, from Duxbury," which encouraged people to honor the Clancy children by performing random acts of kindness. To raise funds for charity, local businesses were selling tassel bracelets and cashmere crewnecks branded with three commemorative scallop shells. "There's no outward anger toward Lindsay in this community," Nicole Benanto, the couple's friend from preschool, told me. But the member of Lindsay's mom group felt perplexed by the outpouring of sympathy. "It's unequivocally, like, 'This *happened* to them,' " she said. "It's not something Lindsay *did*." When I asked the pastor who'd been visiting Lindsay whether she'd said anything about the crime with which she'd been charged, he replied, "It's interesting you say 'crime,' because that word has not been used at all."

Outside the church that evening, TV reporters had gathered in the parking lot, tapping on car windows to ask people for interviews. The pews inside were full. A group of the children's preschool teachers sat in the front row, quietly weeping. Pat spoke for six minutes, recalling his family's last visit to the church. Dawson had gazed at the crucifix dangling from the ceiling and asked, as he often did, "Is that God?" Pat had considered urging people to pray for Lindsay, but he worried how the line would sound if it ended up in news headlines. "People are gonna be, like, 'All he cares about is the wife,' " he told me the next morning.

As he drove by Lindsay's home town on his way back to New York, Pat called her to relay well-wishes from their old neighbors. By that point, they had spoken only a few times since the children's deaths, but over the following weeks they started

talking more frequently, which allowed each of them, Pat told me, to “fill in the gaps.” For the first time in his life, he’d started going to therapy. He couldn’t stop sifting through the time line of that night. “I really beat myself up for a long time that I didn’t go to the basement first,” he said. “I would have gotten to them ten minutes earlier. But I don’t think it would have been enough.”

Despite the long course of Lindsay’s illness, Pat always portrayed her terrible act as a sudden rupture of the self, a bolt of lightning that had struck without warning. During their calls, though, he began venturing the kinds of questions that would eventually be debated in court. “I think one of the first things I asked was, ‘Did you plan this? Is that why you sent me out?’ ” he recalled. “She said, ‘No, it just was, like, a snap of the fingers.’ ” Pat asked why she’d looked up how long it would take him to pick up their dinner, and Lindsay explained that she’d been concerned about getting him stuck in rush-hour traffic. “Then I said, ‘Did you Google “ways to kill”?’ And she said, ‘Yeah, for myself, because I was suicidal for two months.’ ”

Pat sounded satisfied with this explanation. His reflexive tendency to extend Lindsay the benefit of the doubt seemed both credulous and entirely rational. Nothing the prosecution dug up was likely to shake his conviction that, as he said, “it wasn’t her making those decisions.” And yet nothing was likely to provide him clarity about her state of mind, either. What Lindsay did would remain no less painfully inscrutable. Neither exoneration nor punishment would offer resolution. “I think it’s a lot more hurtful if she did plan it, and tricked me into believing she was having a great day,” Pat told me, one of the last times we spoke. He went on, “I don’t know. I don’t know who to believe, but I don’t think it matters really.”

Phillip Resnick, the filicide expert, told me that many husbands in Pat’s position testify on behalf of their wives, although “the vast majority” also end

up getting divorced. He recalled one exceptional case, of a bricklayer whose wife Resnick evaluated after she asphyxiated their young daughter and newborn son. The woman pleaded guilty to involuntary manslaughter, Resnick said, and was allowed to return home, under court supervision, after a brief hospitalization. The couple stayed together and went on to have another child.

Pat preferred not to comment on the status of his marriage, out of deference to Lindsay, but his mother told me, “He has to come to terms with the fact that she’s no longer part of anything. She’s gonna go her way, and he’s gonna go his.” When Pat crossed the finish line of the Boston Marathon, on April 15th, a television reporter stopped him to ask about Lindsay. “I said I forgive my wife and I do,” Pat said tersely, still sweaty and breathless. He’d run the race in a bright jersey printed with his children’s names. Commenters online were quick to notice that he wasn’t wearing his wedding ring.

Lindsay’s trial date is yet to be scheduled. “Now I wish there was a plea deal, and it was just done with,” Pat told me, in June. He was preparing to resume his job the next day, after almost eighteen months of leave from Microsoft. A fresh round of media coverage since the marathon meant that more people in New York knew his story. The *Post* had published a piece with the headline “GRIEVING DAD FINISHES BOSTON MARATHON IN HONOR OF 3 CHILDREN STRANGLED BY MOM.” Even Pat’s doorman had congratulated him. When I mentioned after one of my visits to his apartment that I hadn’t seen the throw pillows sewn with his kids’ clothing, Pat explained, a bit sheepishly, that he’d stashed them away during a dinner party. “I’d be kind of devastated if somebody spilled spaghetti sauce on them.”

In the past year, Pat has been introduced to several parents of children who were murdered. Last summer, he read a news story about Krystal Cascetta, a forty-year-old oncologist from Westchester who killed herself and her four-month-old

daughter while her husband was out of the house. The news shocked her friends and colleagues, who knew Cascetta as “a star in her field, dedicated and lovely,” in the words of one of her former patients. Pat told me, “Krystal kind of looked like Lindsay. For a couple days, I couldn’t stop thinking about them.” He e-mailed Cascetta’s widower, Tim Talty, and the two men struck up a correspondence.

Recently, I joined Pat and Talty for lunch at an Italian restaurant. They sat side by side, eating prosciutto-topped pizza, with their backs to the storefront windows. Whereas Pat could discuss his family with composure, Talty, a tattooed chef with gelled brown hair, cried as he recalled Cascetta and their daughter. He was still living in their home in Westchester, and he’d had the names of his wife and daughter inked on one forearm, over a pattern of flowers. “An illness took my family,” he often says. Like Lindsay, Cascetta had been in the midst of an escalating and poorly understood mental-health crisis. One morning a few months before the tragedy, she’d called 911 saying she was suicidal; according to an incident report, an ambulance took her to a nearby hospital. Talty described his wife’s decline as a kind of cautionary tale. “People need to understand the complete change. It is not the same person that you love, you know?”

“I’m not blaming anyone else,” Pat said. “But if somebody had sat me down and said, ‘This is something that could happen,’ it would have been different.”

Talty seemed less sure. “If somebody *had* warned you? You never think something like this is going to happen to you.”

For all their similarities, the men’s experiences differed in a fundamental regard: only one of their wives had survived. Pat told me after lunch that the headlines about Cascetta had faded relatively quickly. “Lindsay knows the fact that she lived made this a much more sensational story,” he said. In the case of a murder-suicide, as Oberman and Meyer write in “When Mothers Kill: Interviews from Prison,” “there is no trial, no conviction, nothing more to be said.” Pat’s sister Erin, who met Talty while visiting New York, told me, “He gets to memorialize his wife,

whereas, because Lindsay is still alive, there are all these questions, and this simmering anger. We don't get to say what a great person she was without also saying, 'But *why?*' "

I sent Lindsay a letter at Tewksbury Hospital, but she didn't reply. Pat told me that she wanted "nothing more" than to tell her story; she'd mentioned the idea of becoming an advocate for other mothers with postpartum mood disorders. Reddington, however, had advised her not to speak to the media before a trial. At her court appearances, Lindsay has worn surgical masks, but that hasn't stopped online spectators from searching her face for signs of remorse. When the initial hearing was broadcast, people discussed the number of tears she'd shed, as if that held some clue.

Pat told me that, at Tewksbury, Lindsay has been prescribed a new antidepressant that interferes with her ability to cry. "She's just so numbed, and very self-conscious of that," he explained. He compared her feelings to his own insecurities about trying to carry on with life. "I have this worry that people will see me socializing, and be, like, 'Shouldn't he be sad, because his whole family was just killed?'" Pat has found comfort in Talty's company, in part, because it relieves him of any pressure to perform his grief. "I'm still hurting, but I can smile, and even laugh sometimes, and it's true for Lindsay, too, because humans are resilient," Pat said. "She's worried people just won't understand if she's a somewhat normal person." ♦

An earlier version of this article misrepresented the time frame in which Lindsay Clancy described feeling "a touch of postpartum anxiety."

New Yorker Favorites
