

Essay Award Winner 2001

"Madness, Violence, and the Myth of the "Good" Mother:
Media Representations of Dr. Suzanne Killinger-Johnson"

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"Infant dies in mother's suicide bid. Leaps in front of subway carrying six-month-old boy: 37-year-old psychotherapist from affluent district in critical condition" (Brown). This was the headline in the National Post on Saturday, August 12, 2000, one day after Dr. Suzanne Killinger-Johnson attempted suicide with her baby son, Cuyler, in her arms. Cuyler died instantly, while Killinger-Johnson lingered on life support for ten days before she finally succumbed to her injuries. Her actions provoked a nation-wide response: grief, anger, and above all, disbelief. People asked, "How could she do it? She had the perfect life." By conventional standards, Killinger-Johnson appeared to be living the North American dream - well educated and attractive, she had a thriving medical practice, a successful husband, a healthy baby, a mortgage-free home, and a brand new Mercedes SUV. Many people found it very difficult to understand what motivated Killinger-Johnson to throw herself and her son in front of a speeding subway train. We will never have a precise answer to that question. Killinger-Johnson did not leave a suicide note and even those closest to her have no way of knowing what was running through her mind as she prepared to end her life and that of her son.

It is not my intention to attempt to decipher the reasons behind Killinger-Johnson's actions. Rather, I am more concerned with our reactions to what she did, and how our perceptions of feminine beauty, the myths of motherhood and our assumptions about female violence interact to negate the possibility of calculated maternal anger in the case of Suzanne Killinger-Johnson. Motherhood is not simply a fact of life for the majority of the world's women. It is an institution with political implications and it affects how we perceive women and how they perceive themselves. The myth of the "good" mother inhibits our ability to register violence on the spectrum of maternal emotions - a "good" mother would never deliberately harm her child. Women's violence is a threat to the institution of motherhood. We attempt to defuse that threat through our representations of mothers who commit violent acts. By employing the various strands of feminist theory related to motherhood and women's violence, I will explore that threat and how it relates to the media representations of Suzanne Killinger-Johnson in the aftermath of her fatal decision.

The Killinger-Johnson story was front-page news in all of Canada's major newspapers. Press coverage of the tragedy continued for nearly three weeks after Killinger-Johnson leapt in front of an oncoming train with her son in her arms. What made this story so newsworthy? The extensive media coverage would lead one to believe that this was a grisly but isolated incident, worthy of press coverage by virtue of its grim novelty. Yet the Killinger-Johnson case was not unique. The Toronto Transit Commission deals with an average of two suicide attempts each month, "one of which generally succeeds" (Philp). One year before Killinger-Johnson killed her son and fatally injured herself,

Jeyabalan Balasingam killed himself and his three-year-old son Sajanathan when he jumped onto the tracks of Toronto's Victoria Park subway station. Unlike the Killinger-Johnson case, however, "the sad tale lasted but a day in the city's newspapers before fading from our attention" (Mandel). Why did the death of Suzanne Killinger-Johnson captivate us for weeks? The macabre appeal of her story is largely due to our perception that she was living the "perfect" life, as indicated by the following quotes from newspaper articles published immediately after her suicide attempt:

By all accounts, Dr. Killinger-Johnson would be one of the last people to be pegged as a candidate for a suicide attempt....In their leafy, upscale neighbourhood, the Johnsons seemed the perfect family (Philp).

She was a woman who seemed to have the picture-perfect life (Shepard).

From the outside, it appeared as though Suzanne Killinger- Johnson lived a most charmed life (Simmons).

At 37, Killinger-Johnson appeared to have it all (Hawkes).

Suzanne Killinger-Johnson, to put it bluntly, was one of the most unlikely people to jump in front of a train (Sims).

In the aftermath of her subway leap, reporters all asked the same question: "Why?" There was no obvious explanation for her actions. The incredulous articles in the days immediately after the incident were filled with the damaging - and erroneous - assumption that Suzanne Killinger-Johnson lived the "perfect" life, and people who live perfect lives are never unhappy.

Without a conscious, living woman there to attest to her happiness, how were the media able to appraise the quality of Suzanne Killinger-Johnson's life? The same articles that glorified her "perfect" life provided an inventory of her possessions as evidence of the happiness that she must - or should - have felt:

She lives in a charming corner house in tony North Toronto that she and her husband bought nearly three years ago for \$635,000 clear of a mortgage. She drove around town in a 1999 Mercedes-Benz (Philp).

She lived in a half-million-dollar home on a tree-lined street where neighbours welcomed new residents with garden parties. She would stroll with her healthy 6-month-old baby boy and entertain friends with her husband in her manicured backyard (Shepard).

Shocked residents on tree-lined Hillhurst Boulevard, where Killinger-Johnson lived, recalled seeing her and her husband, Douglas Johnson, 34, relaxing on the rear patio or gardening in the front of the fashionable, single-storey brick home they bought for

\$635,000 in 1997....The \$60,000 1999 Mercedes Benz SUV that Killinger-Johnson used in the fatal drive to the subway station was leased last year (Sher).

Killinger-Johnson's Mercedes SUV was emblematic of her status, and the vehicle's make, model, and often, price, were mentioned in almost every account of her suicide attempt. Anyone who followed the story soon learned when she and her husband bought their house, how much they paid for it, and that they did so clear of a mortgage. Beyond the simple fact that it is wrong to equate a person's possessions or level of financial security with their happiness, a question looms: why is the price of Killinger-Johnson's house - or her car, for that matter - relevant, let alone newsworthy? If she lived in a rented apartment and drove a beaten up car, would accounts of her suicide attempt tell us her monthly rent payments and the approximate value of her vehicle? I think not. In fact, I am willing to wager that if Killinger-Johnson had been of more modest financial means, her story would not have received such extensive media coverage.

In keeping with their superficial appraisal of her material possessions, most newspaper accounts of her violent actions also highlighted Killinger-Johnson's physical appearance. She was, by all accounts, a beautiful woman, and it was likely her beauty that made her story so appealing to the press. What better to sell papers than the story of a beautiful woman's tragic and mysterious death? Articles about Killinger-Johnson were often accompanied by her 1988 medical school graduation picture. Although the photograph is a professional portrait, rigidly posed and probably airbrushed, not to mention twelve years out of date, it became the visual reference point for Killinger-Johnson's present-day appearance. "Aging rested lightly on her," (Valpy) after all, so her beauty could not have matured or changed, let alone waned. Representations of the "subway mom" often stressed her blonde good looks, and the following sort of commentary usually accompanied her photograph:

She is known to jog and walk her chocolate Labrador retriever frequently. "She's so beautiful, so classy," said a neighbour who lives two doors away (Brown).

Friend and neighbour Barb Steief, 49, described the doctor as a beautiful woman who carried herself elegantly. "The couple was gorgeous...the most beautiful couple with the most beautiful baby," she said (Sher).

The Suzanne Killinger I knew was smart and beautiful....Women wanted to emulate her. Guys just wanted to get to know her (Sims).

Aging rested lightly on her. Friends remarked, when the newspapers last Saturday published her medical-school graduation photograph, how little she had changed in 12 years. She carried no excess weight after Cuyler was born (Valpy).

A physician and a psychotherapist who often counselled depressed and suicidal people, she was pretty and fit (Hawkes).

"I remember thinking she was a very attractive woman, very fit, but she was not a neighbourly neighbour," [a neighbour] said (Philp)

"She was not a neighbourly neighbour" - the only indication that something might not be right behind the façade. How could a "fit," "classy" and "beautiful" woman commit such a violent act?

Just as a rich person should never be sad, a beautiful woman could never make the conscious decision to harm or kill her baby. Our culture provides us with two possible explanations: she was either 'mad' or 'bad' (Wight xiii). Wealthy, blonde, and beautiful, Killinger-Johnson was obviously not bad, so she must have been crazy. More precisely, she was suffering from postpartum depression (PPD). It was widely reported that Killinger-Johnson was suffering from PPD but, true to the picture of the self-sacrificing mother, she had gone off her medication because she didn't want it to harm her still breastfeeding son. While I don't deny the very real effects of PPD on new mothers, I am uncomfortable with the rapidity with which we - that is, the media and the general public - attributed Killinger-Johnson's actions to post-natal psychological distress. Is PPD a sufficient answer, or is it just a means by which to skirt the disturbing possibility that a mother - and a beautiful, wealthy one, at that - may have deliberately wanted to harm herself and her child? Why are we so afraid to consider the possibility that Killinger-Johnson made the rational choice to end her life and that of her son? Our easy diagnosis of PPD makes me uncomfortable not because I refuse to acknowledge the psychological distress that it caused Suzanne Killinger-Johnson, but because I think that we willingly accepted that diagnosis for the wrong reasons - namely because she was rich, beautiful, and a mother.

The myth of motherhood wields great power in our culture. More than just a state of being for many of the world's women, "motherhood is central to the ways in which [women] are defined by others and to their perceptions of themselves" (Phoenix 13). Motherhood is an institution. It sanctions certain activities and forbids others. To challenge the myth is to challenge an essential part of the cultural matrix, for we have very precise expectations of women who become mothers. Each woman is counted upon to conform to the stereotype of the "good" mother:

She is, of course, always married and it goes without saying she is a good wife to her husband, as defined by him. This is perhaps the most powerful of all the stereotypes. A mother who is seen as a bad mother can expect vilification. It's natural for women to be good at caring; they are designed for motherhood - it comes naturally to them. So when a woman is being a bad mother she is being perverse, unnatural, defying her own instincts: truly wicked (Lloyd 47).

To be a "bad" mother is to deny one's instincts, one's very nature. "Bad" mothers should expect to be penalized, either by institutions or by their communities. To be a "good" mother is a woman's highest calling. We value the idealized image of the "good" mother accordingly. In such a cultural climate, the maternal ideal often eclipses women's reality

as mothers: "A sentimentalized image of the perfect mother casts a long, guilt-inducing shadow over real mothers' lives" (Thurer xi).

The stereotype of the "good" mother is just that: a construct, a cultural yardstick against which women are measured. It is powerful and unattainable, or perhaps powerful in its unattainability. There is no comparable stereotype of the "good father," for we do not hold men to such exacting cultural standards in the domestic sphere. It is only women who are judged according to an ever-changing (and always unachievable) parental ideal. The image of the "good" mother is not static. It shifts over time, for "motherhood - the way we perform mothering - is culturally derived" (Thurer xv). What remains consistent is the disjuncture between the image of the "good" mother and women's reality as mothers. If it differs so greatly from women's reality, why does this construct exist? Why does it wield such power over women's lives? To put it simply, "what is widely accepted as 'good mothering' by 'good mothers' _is_ socially_constructed_and_has_political_implications_and_consequences_" [emphasis mine] (Phoenix 25). Yuval-Davis has shown that woman-as-mother is a powerful cultural and political figure, for she embodies the nation and facilitates its reproduction in both a literal and figurative sense (29-31). Furthermore, the institution of motherhood imposes constraints on women and serves to replicate relations of domination and subjugation. It ensures that women do not deviate from their socially defined position and imposes punishments on those who do. Socially, culturally, and politically, society has a huge stake in "upholding the mythical status of motherhood" (Lloyd 69).

The mythical status of motherhood is causally linked to our unwillingness to acknowledge women's - especially mothers' - anger: "Mother-love is supposed to be continuous, unconditional. Love and anger cannot coexist. Female anger threatens the institution of motherhood" (Rich 46). "Good" mothers do not get angry. They are peacekeepers and providers of comfort, dispensers of unconditional love. They are not permitted to express fatigue or frustration and must cheerfully endure the challenges presented by husbands and children. We construct the "good" mother in such a way that her characteristics serve to reinforce notions of feminine docility and emotional instability. These characteristics work together to deny the possibility that a mother could deliberately harm her child:

The belief that women are inherently unstable because of their reproductive cycle combines with the pull of the 'women are naturally good mothers, that's their primary function in life' belief to produce lenient attitudes toward mothers who kill their children. The two myths combine...and render it virtually impossible to see a mother as being both rational/responsible and capable of harming her child (Lloyd 67).

Implicit in the construction of the "good mother" are characteristics designed to negate the possibility of rational, calculated maternal violence. The interplay of these myths works in tandem with our perception that violence is the "province of men. Violence is masculine" (Pearson 7). We are reluctant to acknowledge women's capacity for violence, a capacity that is no less powerful than men's, though it may manifest itself differently.

When violent women do challenge the boundaries of motherhood, we judge them - and in doing so, defuse their behaviour - according to the following categories:

When a woman transgresses the bounds of her prescribed gender role, her actions are translated in less threatening terms. The 'abnormality' of her 'unwomanly' behaviour is explained away: she is either mad (hysterical, suffering from pre- menstrual tension or Battered Woman Syndrome) or bad (the inadequate mother, the lesbian, the just plain evil). These 'justifications' recur in representations of women who commit violence....While the hysteric suffers from an excess of femininity, the 'bad' woman is unnatural in her lack of it....Violent women are treated more leniently by the courts if they can be represented as mad, since their alleged pathology separates them safely from ordinary womanhood. Madness relieves women of responsibility for their actions, denying them moral agency. As for those violent women who are dubbed evil and unnatural, they are doubly vilified since their transgression doesn't just threaten individuals, but the whole edifice of 'womanhood' (Wight xiii).

Violence and the "good" mother cannot coexist. Mothers who commit violence are 'mad' (as in the case of Suzanne Killinger-Johnson) or 'bad'. In this way, they are prevented from making a legitimate challenge to the institution of motherhood, "for they are not mothers in a culturally understood and celebrated way" (Pearson 74).

The story of Suzanne Killinger-Johnson is tragic. It is violent. It is also rife with cultural assumptions about wealth, beauty, gender, motherhood, and violence. The media serves as a conduit for those assumptions. Yet I have not intended this paper to be solely an indictment of the media, for it is but one conduit for such assumptions, and it can be self-correcting. After the initial fervour over the Killinger-Johnson story had subsided, much of the press coverage became far more self-referential. Many reporters rejected the image of Killinger-Johnson's so-called "perfect life" and the assumption that wealth equals happiness. There were insightful commentaries on depression as the great leveler of rich and poor. Some even attempted to unpack the cultural significance of Killinger-Johnson's fatal decision:

Why? For many, the question is particularly vexing because of the 37-year-old's outwardly successful life. She is a physician, a psychotherapist, and was - until very recently - the mother of a six-month-old boy. Not only is she a mental health professional, we were told, but she's got a nice home, drives a nice car, has accomplished parents. All the trappings, it seemed, of the kind of life many aspire to. Several stories suggested that she "had it all," implying Killinger-Johnson was the last person from whom one would expect such a desperate act. Suicide, however, knows no such stereotypes (Simmie).

[T]he case of the suicidal doctor has spilled endless newspaper inches of armchair analysis and outrage. Some believe it is her status, her wealth and profession that has struck such a venomous cord. Perhaps. But I believe it has much more to do with the nature of her maternal role. She was a mom. No matter her sickness, many cannot forgive

a mother doing such a horrific deed. There is a universal strain of mother worship that exists in all societies. As William Ross Wallace wrote, "For the hand that rocks the cradle, is the hand that rules the world" (Mandel).

Nevertheless, I am more concerned with the media's immediate reaction to the deaths of Suzanne Killinger-Johnson and her baby son than I am with their second thoughts. The initial news reports function as a sort of cultural litmus test, a test that reveals the archaic assumptions about motherhood, violence, and femininity that predominate in our culture. Through my analysis of the newspaper coverage of the Killinger-Johnson story, I have attempted to examine how some of the most potent and politically charged myths of our culture manifest themselves in the representation of a woman who deviates from our ideal of the "good" mother.

Suzanne Killinger-Johnson's final - and fatal - decision saddened me greatly, as much on behalf of her family as for women and children in general. It is a tragedy that I do not want to see repeated. We must take steps as individuals and as citizens to prevent such a thing from happening again. To do so, we must commit ourselves to political, intellectual, and cultural change. As such, I would like to conclude this paper with three objectives that I believe are central to combating the destructive myth of the "good mother" - and that may help to save lives: First, we must offer more support to mothers in crisis. Women suffering from PPD or other forms of psychological distress cannot simply be medicated and sent home. With the help of family, friends, and health professionals, they can learn that their feelings of helplessness, rage, and depression are natural - and not "unfeminine" or "unmotherly" - and that there are healthy ways to deal with them. Second, we must combat the cultural myths that attempt to obscure or deny the reality of women's violent or aggressive nature. Until we do this, violence will continue to proliferate and patriarchal power will retain its grip on society:

The consequences of our refusal to concede female contributions to violence are manifold. It affects our capacity to promote ourselves as autonomous and responsible beings. It affects our ability to develop a literature about ourselves that encompasses the full array of human emotion and experience. It demeans the right our victims have to be valued. And it radically impedes our ability to recognize dimensions of power that have nothing to do with formal structures of patriarchy. Perhaps above all, the denial of women's aggression profoundly undermines our attempt as a culture to understand violence, to trace its causes and to quell them (Pearson 243).

Finally, we must break down the institution of motherhood and acknowledge that the "good" mother is a culturally constructed ideal with a political function. It is an image that no woman can realistically imitate; nor should she have to. This will require great ideological work, but the consequences for women and children will be profound:

The changes required to make this possible reverberate into every part of the patriarchal system. To destroy the institution is not to abolish motherhood. It is to release the creation and sustenance of life into the same realm of decision, struggle, surprise, imagination, and conscious intelligence, as any other difficult, but freely chosen, work (Rich 280).

Motherhood is not an inevitability, it is a choice, and we should reward women as individuals for making - or not making - that choice. We must give women the right to choose which path they want to take, a path free of damaging maternal stereotypes, and we must teach them to embrace the full spectrum of human emotions. It is in repression and denial that the most damage is done. In the memory of Suzanne Killinger-Johnson and her baby son Cuyler, as well as in the memory of Jeyabalan and Sajanathan Balasingam, we must work to reform a culture that limits people's ability to constructively express anger, pain, helplessness, and grief.

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