



CHAPTERS

My Son's Inheritance He has my eyes and my laugh. What if he has my depression, too?

By Arianna Rebolini, a writer and an editor.

APR. 22, 2025

 SAVE



Photo-Illustration: The Cut; Photos Getty Images

When I started seeing Elizabeth, I think I imagined therapy as a kind of certification course: I'd do the work, the work would be approved, and I'd get to have a baby. It was September 2017 — three months after a stint in the psych ward for suicidal ideation and one month since finally having health insurance again through a new job. I'd left the hospital energized and optimistic, determined to make *this* recovery stick after decades of “rock bottoms” I swore would be the last. I needed to be better, as in cured, for good, because I wanted to start a family but I needed to know I wouldn't end up a mother who kills herself. I don't know if I ever truly believed such a thing was possible, but I was certainly committed to it.

I've always known I wanted to be a mother. When I daydreamed, as a young girl, about my future, it wasn't a wedding or career that I imagined; it was pregnancy, birth, babies. I'm the second of four children, each separated by four or five years, so I clearly remember my mother's pregnancies and my awe at her changing body — the kicking, the sonograms, the exciting rush to the hospital when it was time for the birth. I was young enough to help care for my youngest brother, Dylan, and when I was thirteen I started the baby-sitting side hustle that would continue for over twenty years. Simply, I love children and I wanted a whole brood. Now that I was in a solid marriage with a loving, supportive husband, it felt close. The only snag: my life-long chronic depression, and my dual fears that it would make me an unfit mother and that I would pass it along to my child.

CHAPTERS

Adapted from Better: A Memoir About Wanting To Die, by Arianna Rebolini, to be published by Harper Collins on April 29, 2025.

[BUY THE BOOK](#) »

I needed to believe that I could rid myself of my depression and recurrent suicidality before welcoming a child, convinced that my failure to do so would be immoral, irresponsible. I was hopeful when I began therapy because I understood the work as a means toward that end, but truthfully I wasn't looking for psychological progress as much as I was looking for permission. So when my post-hospital wellness and optimism started to flag, I'd downplay my despair. I was never successful in hiding it, and when Elizabeth asked about my hesitation to be honest, I explained my fear, how I couldn't tell her everything because if she knew everything, then surely she'd be obligated to tell me I shouldn't become a mother. And here, in this room, couldn't we pretend I was the kind of person who could?

"Why on earth would I tell you that you shouldn't have a baby?" she asked.

"Because I can't just fall apart when I have a kid," I said. "And obviously I can't stop falling apart."

"What happens when you fall apart?"

"I don't know. I stop working. I stop leaving the house. I sleep too much. I fall behind on everything until I push myself into a full panic."

"And what does that look like with a child in the picture?"

"I don't know. It can't be good! The tasks aren't just 'answer emails' and 'make breakfast'; they're literally 'keep this human alive.'"

"True. What would happen if you became a mother and for a bit you couldn't handle caring for your child — for any reason, not just depression?"

I knew what she wanted, and I knew I didn't believe it, but I said it anyway: "I could ask for help."

"You could ask for help."

Now that my son is here, all that time spent trying to figure out if I had deserved it — earned it — feels silly, or maybe just beside the point. I am a mother, and that is a fact; a mother is a mother whether or not she wants to die.

A year after leaving the hospital, my husband, Brendan, and I decided the timing was finally right. My job was seemingly stable, with a salary that eased our financial stress and an eighteen-week fully paid maternity leave. Elizabeth had proved to be the only therapist I'd ever felt at home with, and she — along with medications whose side effects were manageable and that showed no signs of failing — was helping me steady my moods.

Brendan and I settled on the decision under the assumption, based on my long history of ovarian cysts and inconsistent periods, that it would take some time for me to get pregnant. A month later, I was holding a positive test.

Almost immediately, my preoccupation with my death dissipated, but it was as if its absence required a substitute. And so I swapped in my baby's, and that fixation flowed along a spectrum between preparation and prevention. I was obsessed with tracking milestones, staying up late into the night trawling forums, and reading firsthand accounts of stillbirths, SIDS, and other various pre-and perinatal tragedies. It was indulgent and voyeuristic, a source of shame that I shared only with Elizabeth, and, even then, the confession was censored. Whatever I was trying to achieve — catharsis, relief in finding people who have survived my greatest fears, comfort in remembering that in this moment I didn't have to — my unseemly craving wasn't sated until I was in tears. That fear extended, as to be expected, far into his future. I'd spent so much time scared that I'd kill myself, but now that this baby's life was real, that my body was creating and protecting his, I dwelled on the possibility of his eventual suicide. *Who will you be?* I wrote in my journal halfway through the second trimester, but beneath that question lay another, unwritten: How will you hurt?

It was a brutal pregnancy, not only because of this new dark obsession, but also because I was sick throughout its entirety. When the nausea cropped up one week after the positive test, I maintained my sanity by counting down the days until the second trimester, telling myself that it would pass. But the second trimester came, and it didn't pass; in fact, it got worse, and when I ended up at the hospital for dehydration I found out it was hyperemesis gravidarum. By the third trimester — after months of throwing up multiple times daily, missing weeks of work, relying on IVs for hydration, and having one desperate, terrified conversation with Brendan about whether I could make it to the end — I'd come to terms with the fact that the nausea would leave when the baby did. Friends and family joked that, karmically, I was ensured a smooth delivery. I believed this, cautiously. But one thing after another went wrong after my water broke, and suddenly I was getting prepped for an

emergency C-section after twenty-four hours of labor. Theo's heart rate was dropping with each contraction, and I asked Brendan if he thought the universe was punishing us. What if I really wasn't supposed to be having a child?

As soon as Theo arrived, bits of his personality were apparent. Other parents had told me this would happen, that I'd be shocked at how clearly defined his quirks and sensibilities would be. Here's what we found: a baby who came out raring to go, as if trying to bypass all of the required stages so that he could participate in the world. His legs never stopped kicking. His pediatrician, witnessing his nonstop motion and then, at two months, his attempt to push himself up, let out a low whistle and wished us luck.

As a newborn and then infant, Theo would abruptly pause in the middle of playing or babbling and gaze at nothing I could pinpoint, quiet, as if lost in contemplation. When he was just six days old, I recorded a video that I often revisit. I'm holding Theo with one arm and filming with the other; his face fills most of the screen. His lips are pursed, a small dribble of milk from the corner, and his eyes scan slowly back and forth, up and down, in an expression that mimics deep consideration. It lasts fifteen seconds.

At the time, I sent it to my family group chat saying "Sometimes Theo likes to pause in the middle of breakfast to think about things." Then it was a joke, but if I'm being honest, part of me believes it. Five years later, I still catch those breaks, constantly. When it happens, I ask him what he's thinking about, trying to sound playful and curious, trying to mask the underlying dread that this is the beginning of a lifetime of isolating interiority. He never shares, and I never push. I tell him it's all good; he's allowed to keep some things to himself. It is his right.

Still, his hypersensitivity and attunement to my moods are undeniable, having intensified with each passing year. He has always been attached to me, and at four years old that manifested in constantly checking on my well-being. It became claustrophobic: Wasn't I allowed to be stressed in my own house, wasn't it unreasonable and unrealistic to expect me to mask any sign of frustration?

As the check-ins became more frequent, I assured him that he didn't have to worry about me, that he should never ever feel as though it was his job to change my feelings.

“Yes, it is,” he said. “I feel everything you feel.”

The theme continued, becoming a source of overpowering distress. Theo would register any shift in my tone, more often than not a result of annoyance that had nothing to do with him, and ask, “Are you angry, Mama? You’re talking angry.”

At bedtime — it was always more urgent at bedtime — he told me to be happy, and I reminded him that it was okay to be sad, that everybody gets sad sometimes and it was nothing to be afraid of.

“Why do you feel like I have to be happy?” I asked.

“Because that’s how I love you,” he said. “That’s how I don’t get so sad.”

A few months into pre-K, I took him to get cheeseburgers after pickup, just the two of us. I asked him if he’d had a good day, and he said no, he’d cried a lot. I told him I was so sorry that he felt so sad and asked if something had happened. He shrugged, unbothered, and said, “Every day at school I’m scared that you’re not okay. Only when I’m with you I know you’re being safe.”

This development was a source of tension between me and Brendan — not angry but still disruptive — as I insisted it was pathological and required medical intervention and he admitted that he wasn’t convinced it was that serious. The reality likely lies in the middle. I’ll catch Theo holding back tears, self-censoring no matter how many times I tell him it’s okay to be sad, and within seconds I’m ten, twenty years in the future, trying to stop him from killing himself. It’s an unproductive, even detrimental, preoccupation. It helps no one. Finally, we’ve reached an accord, agreeing that, diagnosis or not, he — and we — would benefit from seeing a child psychologist. But I haven’t mastered dismissing the intrusive thoughts.

In 2014, my brother Jordan and I shared our reluctance to pass down our genes with our sister, Danea, and brother, Dylan. We sparked a brief debate while visiting Danea in L.A., the four of us sitting around a patio table in the apartment complex courtyard of a friend of a friend of a friend, drunk and about to get drunker.

When I brought up the fact that I didn’t think it would be responsible for me to have a

child, given our family history of severe mental illness, I knew Jordan — who would end up at an inpatient facility for his own suicidal ideation a year after my hospitalization — would be on my side and the others would be aghast.

“What is wrong with you?” my older sister Danae asked.

“Our genes are great!” my youngest brother Dylan insisted.

Jordan handed me a sweating bottle of rosé and started unraveling a roll of duct tape. We were unyielding in our argument: Yes, sure, we’re smart, we can have a good time — it’s not like we *hate* ourselves — but we also have this tendency to feel sadness so impenetrable that months can elapse without any other emotion breaking through; to feel meaninglessness so calcifying we can’t fathom getting out of bed. And it didn’t come from nowhere. Our family is replete with mental illness. Among the four of us, our diagnoses include depression, bipolar disorder, anxiety, ADHD, and multiple eating disorders. Look at our mother, whose anxiety has translated into a house so crowded with stacks of unopened boxes, bags of clothes, and decades-old paraphernalia that we can barely find paths through rooms. Look at our father, his depression at times so profound that as young adults we’d staged an intervention to make sure he wouldn’t kill himself. Look at *his* mother, whose lifelong depression had begun in 1940s Italy, when the cure was being sent into the country to “calm her nerves.” We couldn’t, in good conscience, bring someone into this life when we had so often felt, almost irreversibly, the desire to leave it. “I’m not trying to be dramatic,” I said. “I’d just rather not risk passing it on.”

I was lying, at least about the drama. I love being dramatic; I love being contrarian. I’d gone into the conversation to test out a concern as a conviction. It was safe, noncommittal. My hypothetical child’s potential inheritance did worry me, but at the same time I was well aware I’d abandon all methods of birth control that instant if Brendan wanted to. Maybe I wanted Danae and Dylan to persuade me out of my lingering doubts.

“You honestly don’t think it would be a net positive,” Danae said, more dare than question.

“I honestly don’t.”

She rolled her eyes. Jordan shrugged. He wrapped the duct tape around my hand and the bottle and then took my phone to get a photo: Edward Rosé-hands.

“You’re idiots,” said Danea.

“We know,” said Jordan.

Jordan hasn’t changed his mind about having kids. Clearly, my stance wasn’t so solid. That day, Jordan and I were arguing with a narrow, individualistic focus: We didn’t want to transfer the suffering we’d experienced onto someone who had never asked to be born. Maybe I eventually decided that the gamble was worth it; maybe I just really wanted to be a mom. Maybe it was selfish. I worry sometimes that it was. Would I have chosen to live had I known what living would be? At my worst I’ve resented my parents for bringing me here, but I’ve also been overwhelmed with gratitude and awed by the sheer luck of existence.

Underlying our argument, whether we were conscious of it or not, was something that is more sinister but which offers more insight into the experience of the chronic desire to die. Individually, our horror at the possibility of passing down our depression is built on premature guilt for causing another person’s suffering, and premature fear of that despair whirling in the person we’re meant to protect and love above all. But zooming out, it reveals a rejection of the proliferation of depression across humanity. It smacks of eugenics; acceptable — barely so — only because we were discussing it in the context of an intimate and deeply personal decision. Just as much as it is about the fear of passing down an excruciating desire to die to someone who never asked to exist, it is also, inherently, a reinforcement of the idea that a depressed life is not worth living. My decision to have Theo doesn’t mean I’ve come around to believe the opposite. I hope a depressed life is worth living; quite often I’m sure it is. Still, I’m desperate for evidence that Theo has evaded it. Still, I watch in trepidation for signs. Has he been infected?

One recent night, as I lay with Theo in his bed, trying to cajole him into sleep, I told him it would be easier if he closed his eyes. He told me he hated to do that, that it was too scary. This wasn’t news; the year prior, I’d arrived to daycare pickup and found him crying, saying he hated nap time because the teachers made him shut his eyes. That night, I asked why it was scary. “When I close my eyes, I close everything,” he said, and hearing it was like taking a bullet. I apologized in a tone of communicating sympathy, of hating that he was struggling with this fear, but, really, I was apologizing for what I can’t help but recognize as my role in his fear, my passing along such a familiar burden to him.

So has Theo been infected, or am I overreacting, projecting? Might this be run-of-the-mill

toddler preoccupation — nothing but an expected, 100 percent normal stage of his psychological and emotional development? And if he is anxious or depressed, well, what of it? To what extent? Will he be powerless against it, condemned because of it? Will he resent it? Do I? For as long as I've known I've had depression, I've wondered if, given the option, I'd choose to be rid of it, trying to figure out who that person would be, if I'd even recognize or want to be her. Kay Redfield Jamison describes her ambivalence regarding her bipolar disorder, having come to understand it as “a distillation both of what is finest in our natures, and of what is most dangerous,” and the sentiment resonates with me. If Theo inherits my depression, might he, like me, decide the good is worth the bad?

Cuddling on the beanbag one night, just after smothering him with kisses, Theo grabs my cheeks with delicate hands and says, “This time I give *you* a kiss.” Very deliberately, he drops quick little kisses all over my face, each time announcing the destination: “A kiss for your cheek” — smack — “A kiss for your other cheek” — smack — “A kiss for your nose” — smack — and so on. Then he asks for more kisses from me to him, directing me to his fingers, one at a time, and then his toes. What I struggle to explain at times is how embodied my love for Theo is and his is for me, how it feels feral, primitive, close to the ground. His heart came to life through the work of my blood. I listened for its rhythm beneath my skin. He feels, still, like part of me.

These days I look at him and often feel equal parts joy and despair, wonder and loss, a premature mourning or regret. I look at his body, and I want to burrow inside. His body, which used to live inside mine, separates from me more every day. As his navigation and mastery of it grow, so does our alienation from each other. As time passes and I become less of him and he becomes less of me, I worry it will become easier for either of us to leave. I tell Elizabeth that I'm so scared, sometimes I can't look at Theo without worrying that he's going to kill himself, that I know he's going to be just like me, and she says, “Even if that were the case — we can't know if it is, but even if it were — you didn't die.”

It's true. I'm alive with the support of my family, friends, therapy, and medication. Theo will benefit from the progress in mental health care — still far from perfect, but certainly improved since I began to need it — and earlier interventions. My hope is that we'll be happy-enough people together, just as I am with my family and largely mentally ill friends. (I like to think we find each other.) My mother has sat with me through group therapy

sessions; our entire family made sure Jordan never experienced a single day at the psych ward without a visitor. We talk openly about all of this, we help each other, we survive.

I think I will always be afraid, but not just for Theo's or my brother's or my dad's or my own suicide. There are countless risks, so many ways to hurt, so many ways to die. Maybe I will always be afraid, but maybe that's just me, or maybe that's just motherhood, maybe that's just love. I'm learning to see the fear, name it, feel it, and then let it drift from my mind like a cloud. My mother is crazy and my father is depressed, and they raised us before our culture started to develop a growing awareness of mental health as a concept, but my brother didn't kill himself, and neither did I. We're alive, and they helped us get here. If Theo does end up like me, I'll be here to help him live, too.

From the book: BETTER by Arianna Rebolini. Copyright © 2025 by Arianna Rebolini. Reprinted courtesy of Harper, an imprint of HarperCollins Publishers.

TAGS: [FIRST PERSON](#) [CHAPTERS](#) [MENTAL HEALTH](#) [PARENTING](#) [POSTPARTUM DEPRESSION AND ANXIETY](#) [MORE](#)

COMMENT