The year of magical thinking

Joan Didion and the dialectic of grief

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Abstract: In late 2003, while their daughter lay critically ill in hospital, American writer Joan Didion's husband John Gregory Dunne died suddenly. Theirs had been a marriage of great intimacy and love, and she was completely engulfed by grief. Nine months later, she started to write about the first 12 months of her bereavement. Raw, insightful and challenging, the resulting book, *The Year of Magical Thinking*, presents a vivid portrait of her journey. This article reviews the book and goes on to explore how Didion's account of her experience reflects past and current theories of grief and bereavement.

Keywords: Grief, bereavement, magical thinking, Didion, bereavement theory

John Gregory Dunne and Joan Didion were a married couple living in New York. They were prominent writers. In December 2003 Quintana, their only child, fell seriously ill. One evening, after visiting her in hospital, they returned home. Joan began preparing a meal. Without warning, John collapsed. An ambulance arrived and the officers attempted resuscitation. On arrival at hospital he was declared dead. The post mortem found that he had died of a major myocardial infarction.

For Didion it is incomprehensible that, without preamble, the simple domestic act of sitting down to dinner led to this tragic event. As she writes: 'Life changes in the instant. The ordinary instant.' Didion, the sculptor of language, is rendered mute. She cannot write. For months. Nine months later she begins to write. This book, *The Year of Magical Thinking* (Didion, 2005), is its product. It is a narrative of great power, a book of great generosity and grace. At once personal and universal, it is a testimony of grief. It invites the reader to witness the author as she grapples with the losses of the most crucial relationship in her adult life.

The marriage of Joan and John was one of great closeness and intimacy. Of their 40 years of married life, they had worked together at home for 35. They listened to each other's ideas, proof-read each other's work, encouraged each other. But with his death, that closeness brings with it a deep sadness, the sense of wanting to share things that cannot now occur. Initially she expects him to at home when she walks in. She quotes CS Lewis:

'I am beginning to understand why grief feels like suspense… It comes from the frustration of so many impulses that had become so habitual. Thought after thought, feeling after feeling, action after action, had H for their object. Now their target is gone… So many roads lead thought to H. I set out on one of them. But there's an impassable frontier across it. So many roads once; now so many cul de sacs.' (Lewis, 1966)

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John is irreplaceable. She quotes Phillip Aries from Western attitudes toward death: 'A single person is missing for you, and the whole world is empty' (Aries, 1974).

Magical thinking

The title of Didion's book captures a recurrent theme of the first year of her loss. Highly intelligent, clear-sighted and practical, she repeatedly thinks in 'magical' ways, quiet delusions about loss and finality. Repeatedly and minutely, Didion goes over the last months leading to John's death – did he have a premonition, was he preparing her for his death, what did he mean by that aside, that look? The other question she asks in cycles is: 'What could I have done?' This preoccupies her:

> 'I could have saved him… I was trying to work out what time it had been when he died and whether it was that time yet in Los Angeles. (Was there time to go back? Could we have made a difference ending on Pacific time?)' (p31).

Joan feels she has entered another world that only those in grief know and understand.

> 'People who have recently lost someone have a certain look… The look is one of extreme vulnerability, nakedness, openness. These people who have lost someone look naked because they think themselves invisible for a period of time, incorporeal. I seemed to have crossed one of those legendary rivers that divide the living from the dead, entered a place in which I could be seen only by those who were themselves recently bereaved' (pp74–75).

It is only with a supreme effort that she acknowledges that John's known coronary artery disease caused the death and not any action of her own. The shock of the irreversibility lasts the year and, indeed, 'only after the autopsy report did I stop trying to reconstruct the collision, the collapse of the dead star. The collapse had been there all along, invisible, unsuspected' (p207).

In modern affluent societies, with their emphasis on preventive health, death is seen either as unmentionable or as invited by our own actions. Didion captures this dualism: 'I realize how open we are to the persistent message that we can avert death. And to its punitive correlative, the message that if death catches us we have only ourselves to blame' (p206).

Grief

Grief and themes of grief course through this book. Didion writes:

> 'Grief turns out to be a place none of us know until we reach it… We might expect if the death is sudden to feel shock. We do not expect this shock to be obliterative, dislocating to both body and mind' (p188).

And it is this tension – between an imagined grief and the reality of grief – that is one of the greatest strengths of these reflections. It is no use superimposing on this intensely personal process some model of restoration.

> 'In the version of grief we imagine, the model will be "healing". A certain forward movement will prevail. The worst days will be the earliest days. We imagine that the moment to most severely test us will be the funeral, after which this hypothetical healing will take place… We have no way of knowing that the funeral will be anodyne, a kind of narcotic regression in which we are wrapped in the care of others and the gravity and meaning of the occasion. Nor can we know ahead of the fact (and here lies the heart of the difference between grief as we imagine it and grief as it is) the unending absence that follows, the void, the very opposite of meaning, the relentless succession of moments during which we will confront the experience of meaninglessness itself' (pp188–189).

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Joan Didion

Another aspect of her grief that she contemplates is that of self-pity. Didion weighs this up carefully and concludes that what may be taken for 'self-pity' or, worse, 'wallowing', is normal, natural regard. This person was and is unique to you. You cannot dismiss his importance. Indeed, anything else would be artificial. She recalls that as a younger woman she viewed with disdain the grief and 'whining' of Caitlin Thomas, the widow of Dylan Thomas. Chastened, Didion concludes that 'time is the school in which we learn'. There is a strong echo here in the psychological shift made by Simone De Beauvoir in *A Very Easy Death* (De Beauvoir, 1985). De Beauvoir confessed to critically viewing women grieving over a loss. Once De Beauvoir's own mother dies, that perspective changes completely: 'All men must die: but for every man his death is an accident and, even if he knows it and consents to it, an unjustifiable violation.'

Didion describes the enormous energy consumed by the process of grieving. As she hovers in her mind between this world and the next, the ordinary becomes worse than mundane. It drains her. She is not engaged. She can barely tolerate socialising. 'Grief comes in waves, paroxysms, sudden apprehensions that weaken the knees and blind the eyes and obliterate the dailiness of life' (p27).

By the first anniversary of John's death, Didion senses a change and acknowledges it openly to herself. She realises that with the passing of time 'my image of John at the instant of his death will become less immediate, less raw. It will become something that happened in another year'. Once the anniversary passes, another insight appears: 'I

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realized today… for the first time that my memory of this day a year ago is a memory that does not involve John.'

Now musing over this year she concludes:

> 'I know why we try to keep the dead alive: we try to keep them alive in order to keep them with us. I also know that if we are to live ourselves there comes a point at which we must relinquish the dead, let them go, keep them dead' (pp225–226).

The literature of grief

In her experience of loss, Didion turns, as she has throughout her life, to literature. She notes that, 'given that grief remained the most general of afflictions, its literature seemed remarkably spare'. She cites *A Grief Observed* by CS Lewis, *The Magic Mountain* by Thomas Mann, *The Forsaken Merman* by Mathew Arnold, and 'Funeral Blues' from *The Ascent of F6* by WH Auden. These are rich pieces and each offers insights. She goes on to explore the subliterature of grief. Pithily she sums these up as 'how-to guides for dealing with the condition', some 'practical', some 'inspirational', 'most of either useless' (p45).

Finally she turns to the professional literature. This she finds helpful: 'I learned from it many things I already knew, which at a certain point seemed to promise comfort, validation, an outside opinion that I was not imagining what appeared to be happening.' Didion cites Freud, Klein, seminal research on the mortality of widows (Young, Benjamin & Wallis, 1963) and other bereaved people (Rees & Lutkins, 1967), and the landmark *Bereavement: Reactions, Consequences and Care* (Osterweis, Solomon & Green, 1984) compiled by the National Academy of Sciences' Institute of Medicine. She explores the distinction drawn in the literature between 'normal' and 'pathological' bereavement. She is intrigued, for obvious reasons, by the risks of the latter. Those risks include two contexts that Didion was herself facing – that the bereaved person was very dependent on the deceased for 'pleasure, support or esteem', and if the grieving process is delayed or interrupted by circumstances such as a delayed funeral or the illness or death of a second person. Didion's daughter, Quintana, collapsed with a brain haemorrhage barely three months after John's death and just when she seemed to be recovering from the life-threatening septic shock that had hospitalised her.

Current bereavement theories

Joan Didion's exploration of her own grief echoes the attempts throughout the twentieth century to develop theories that both explored this landscape and yet encapsulated it within a map or framework applicable to all bereaved human beings. Early grief theories with their 'stages', 'phases' and 'tasks', beginning with Freud and moving through Kubler-Ross, Bowlby, Parkes, Worden and others, have in many instances been pressed into the service of formulating linear, prescriptive and goal-oriented models. Why this may be so historically is suggested in Freud's influential work *Mourning and Melancholia* (Freud, 1984), which proposes that the goal of the bereaved is to detach libidinal energy from the deceased in order to form new attachments.

However, psychologically at-risk people who exhibit a pathological mourning style find themselves with the task of renouncing the past and finding a substitute for the deceased and in doing so restoring their sense of self.

A partial profile of the face of grief that Didion shows to the world might be read as conforming to what Walters (1999) calls the 'clinical lore of grief work'. This is the notion of 'working through of painful emotions, by which process the mourner eventually lets go of attachments to the deceased and resolves the grief in the course of a year or two', or, as Didion flatly calls it, 'getting past it'. John Bowlby, the father of attachment theory, suggested that one of the difficulties in 'getting past it' and the consequent need for grief work could be traced to the anxiety arising

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from the biological function of grief that sought to re-establish a connection to an unavailable attachment figure (Bowlby, 1980). However, Susan Bennett Smith suggests that Bowlby took issue with Freud's claim that 'Mourning has a quite precise psychical task to perform: its function is to detach the survivor's memories and hopes from the dead,' and that Bowlby further asserted that a continuing sense of the presence of the dead person was compatible with a favourable outcome (Smith, 1995).

Colin Murray Parkes' model of psychosocial transition (Parkes, 1993) moved beyond viewing grief as a static event with a single function and described it as a non-linear process. William Worden followed, suggesting a series of tasks that would actively engage the mourner in this process and assist with accepting the reality of the loss, experiencing the pain of grief, adjusting to an environment without the deceased and relocating the deceased emotionally (Worden, 1991). Parkes particularly noted the need to make sense of the loss and to adjust the 'assumptive world' when existing assumptions would not fit with pre-existing ways of understanding the world.

However, Joan Didion movingly articulates the painful nexus between being called to act in the world as 'a cool customer' without the loved person, and in the process adjusting one's assumptive world, alongside the fervent, immediate and often private desire to deny or avoid the fact of the person's death. Her struggle to 'reverse time' and come to the simple stark reality of the death is still felt desperately eight months after the event. 'I could not count the times during the average day when something would come up that I needed to tell him. This impulse did not end with his death. What ended was the possibility of response' (p194). This 'impulse' towards maintenance and reconstruction of a relationship is recognised and given theoretical voice in several newer influential models of the grief process.

Klass and colleagues challenge or expand upon the traditional notion of grief work (Klass, Silverman & Nickman, 1996). They propose that grief is not either always present or finally absent; that grieving is an ongoing process of adaptation and change, and that one doesn't recover from bereavement. In other words, bereavement affects the continuing life of the mourner; there is no need to let go or get over it. When Didion says 'I look for resolution and find none' (p225), she echoes Robert Anderson, who many years after the death of his wife wrote: 'Death ends a life, but it does not end a relationship, which struggles on in the survivor's mind toward some resolution which it never finds' (Anderson, 1974).

In an attempt to integrate this dynamic oscillation between focusing on the loss and re-engaging in a life without the other, Stroebe and colleagues propose a dual process model (Stroebe *et al*, 2001). Loss orientation encompasses what has been called grief work, reconnecting with the person who has died through activities or objects that recall their life and presence: 'I know why we try to keep the dead alive: we try to keep them alive in order to keep them with us' (p225). Restoration orientation incorporates the avoidance of the fact of the loss as well as focusing on the tasks of re-engagement. These can include developing a new identity and new relationships, coping with the ensuing stressors, and acquiring new skills, such as cooking or dealing with finances, that were associated with the deceased. Perhaps this is a more detailed modern unfolding of an older truth noted by Kierkegaard: that life can only be understood backwards, but it must be lived forwards.

Robert Neimeyer, working from a social constructivist model, explores the need to reconstruct meaning after the loss of the assumptive world. He argues that relearning the world is not exclusively psychological, but is also developed within a social and cultural matrix (Neimeyer, 2001). The human difficulty of this task is evoked by Didion: 'Nor can we

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know ahead of the fact, the unending absence that follows, the void, the very opposite of meaning, the relentless succession of moments during which we will confront the experience of meaninglessness itself' (p189). This lends a poignant weight to theorists such as Bonanno (2004), who argue that a focus on negative emotion needs to be balanced by acknowledging the value of the expression of positive emotion. It is suggested that this ability, along with the ability to discover meaning in the loss, may be a better predictor of long-term outcome. Tony Walters (1999) adds that meaning reconstruction may come about through the construction of a biography about the deceased in conversation with others, including other grievers.

Although Didion enters into 'conversation' with the community of grievers and writers about grief through her reading, she encounters the difficulty and depth of the task of meaning-making: 'I need to find more than words to find the meaning.' To return full circle, this need to find more than words and to go beyond potentially judgmental and reductive theories is reflected in a later statement of Freud's, who wrote to a colleague on the death of his daughter Sophie, aged just 27:

> 'Although we know that after such a loss the acute state of mourning will subside, we also know we shall remain inconsolable and will never find a substitute. No matter what may fill the gap, even if it be filled completely, it nevertheless remains something else. And actually, this is how it should be. It is the only way of perpetuating that love which we do not want to relinquish.' (Freud, 1975)

It seems that, as both Freud and Joan Didion caution us: 'Grief turns out to be a place none of us know until we reach it' (p188). ■

Anderson R (1974). Notes of a survivor. In: Troop SB, Green WA (eds). *The patient, death, and the family.* New York: Scribner, 73–82.

Aries P (1974). *Western attitudes towards death: from the Middle Ages to the present.* Baltimore: Johns Hopkins University Press.

Bonanno GA (2004). Loss, trauma, and human resilience: have we underestimated the human capacity to thrive after extremely aversive events? *American Psychologist* 59 20–28.

Bowlby J (1980). *Attachment and loss. Vol 3: Loss, sadness and depression*. New York: Basic Books.

De Beauvoir S (1985). *A very easy death*. New York: Pantheon Books.

Didion J (2005). *The year of magical thinking*. London: Fourth Estate.

Freud EL (ed) (1975). *Letters of Sigmund Freud* (trans Stern T, Stern J). New York: Basic Books.

Freud S (1984). *Mourning and melancholia. On metapsychology: the theory of psychoanalysis.* Pelican Freud Library, vol 11. Harmondsworth: Pelican Books.

Klass D, Silverman P, Nickman S (eds) (1996). *Continuing bonds: new understandings of grief.* Washington, DC: Taylor & Francis.

Lewis CS (1966). *A grief observed*. London: Faber and Faber.

Neimeyer R (2001). *Meaning, reconstruction and the experience of loss*. Washington, DC: American Psychological Association Press.

Osterweis M, Solomon F, Green M (eds) (1984). *Bereavement: reactions, consequences and care.* Washington, DC: National Academy Press.

Parkes CM (1993). Bereavement as a psychosocial transition: processes of adaptation to change. In: Stroebe M, Stroebe W, Hansson R (eds). *Handbook of bereavement: theory, research and intervention.* New York: Cambridge University Press, 91–101.

Rees DW, Lutkins SG (1967). Mortality and bereavement. *British Medical Journal* 4 13–16.

Smith SB (1995). Reinventing grief work: Virginia Woolf's feminist representations of mourning Mrs. Dalloway and To the Lighthouse. *Twentienth Century Literature* 1995 41 (winter). http://findarticles.com/p/articles/mi_m0403/is_n4_v41/ai_18412900 [accessed 29 April 2008].

Stroebe M, Hansson R, Stroebe W, Schut H (eds) (2001). *Handbook of bereavement research: consequences, coping, and care.* Washington, DC: American Psychological Association.

Walters T (1999). *On bereavement: the culture of grief.* Philadelphia: Open University Press.

Worden W (1991). *Grief counselling and grief therapy*. London: Routledge.

Young M, Benjamin B, Wallis C (1963). The mortality of widowers. *Lancet* 2 454–456.

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