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THE YEAR OF MAGICAL
THINKING

JOAN DIDION

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DIDION

THE YEAR OF

MAGICAL
THINKING

VINTAGE INTERNATIONAL

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This book is for John and for Quintana

1.

Life changes fast.

Life changes in the instant.

You sit down to dinner and life as you know it ends.

The question of self-pity.

Those were the first words I wrote after it happened. The computer dating on the Microsoft Word file (“Notes on change.doc”) reads “May 20, 2004, 11:11 p.m.,” but that would have been a case of me opening the file and reflexively pressing save when I closed it. I had made no changes to that file in May. I had made no changes to that file since I wrote the words, in January 2004, a day or two or three after the fact.

For a long time I wrote nothing else.

Life changes in the instant.

The ordinary instant.

At some point, in the interest of remembering what seemed most striking about what had happened, I considered adding those words, “the ordinary instant.” I saw immediately that there would be no need to add the word “ordinary,” because there would be no forgetting it: the word never left my mind. It was in fact the ordinary nature of everything preceding the event that prevented me from truly believing it had happened, absorbing it, incorporating it, getting past it. I recognize now that there was nothing unusual in this: confronted with sudden disaster we all focus on how unremarkable the circumstances were in which the unthinkable occurred, the clear blue sky from which the plane fell, the routine errand that ended on the shoulder with the car in flames, the swings where the children were playing as usual when the rattlesnake struck from the ivy. “He was on his way home from work—happy, successful, healthy—and then, gone,” I read in the account of a psychiatric nurse whose husband was killed in a highway accident. In 1966 I happened to interview many people who had been living in Honolulu on the morning of December 7, 1941; without exception, these people began the

accounts of Pearl Harbor by telling me what an “ordinary Sunday morning” it had been. “It was just an ordinary beautiful September day,” people still say when asked to describe the morning in New York when American Airlines 11 and United Airlines 175 got flown into the World Trade towers. Even the report of the 9/11 Commission opened on this insistently premonitory and yet still dumbstruck narrative note: “Tuesday, September 11, 2001, dawned temperate and nearly cloudless in the eastern United States.”

“And then—gone.” *In the midst of life we are in death*, Episcopalians say at the graveside. Later I realized that I must have repeated the details of what happened to everyone who came to the house. In those first weeks, all those friends and relatives who brought food and made drinks and laid out plates on the dining room table for however many people were around at lunch or dinner time, all those who picked up the plates and froze the leftovers and ran the dishwasher and filled our (I could not yet think of *my*) otherwise empty house even after I had gone into the bedroom (our bedroom, the one in which there still lay on a sofa a faded terrycloth XL robe bought in the 1970s at Richard Carroll in Beverly Hills) and shut the door. Those moments when I was abruptly overtaken by exhaustion are what I remember most clearly about the first days and weeks. I have no memory of telling anyone the details, but I must have done so, because everyone seemed to know them. At one point I considered the possibility that they had picked up the details of the story from one another, but immediately rejected it: the story they had was in each instance too accurate to have been passed from hand to hand. It had to come from me.

Another reason I knew that the story had come from me was that no version I heard included the details I could not yet face, for example the blood on the living room floor that stayed there until José came in the next morning and cleaned it up.

José. Who was part of our household. Who was supposed to be flying to Las Vegas later that day, December 31, but never went. José was crying that morning as he cleaned up the blood. When I finally told him what had happened he had not understood. Clearly I was not the ideal teller of this story; something about my version had been at once too offhand and too elliptical, something in my tone had failed to convey the central fact in the situation (I would encounter the same failure later when I had to tell Quintana), but by the time José saw the blood he understood.

I had picked up the abandoned syringes and ECG electrodes before he came in that morning but I could not face the blood.

In outline.

It is now, as I begin to write this, the afternoon of October 4, 2004.

Nine months and five days ago, at approximately nine o’clock on the evening of December 31, 2003, my husband, John Gregory Dunne, appeared to (or did) experience, at the table where he and I had just sat down to dinner in the living room of our apartment in New York, a sudden massive coronary event that caused his death. Our only child, Quintana, had been for the previous five nights

unconscious in an intensive care unit at Beth Israel Medical Center's Singer Division, at that time hospital on East End Avenue (it closed in August 2004) more commonly known as "Beth Israel North" or "the old Doctors' Hospital," where what had seemed a case of December flu sufficiently severe to take her to an emergency room on Christmas morning had exploded into pneumonia and septic shock. This is my attempt to make sense of the period that followed, weeks and then months that cut loose any fixed idea I had ever had about death, about illness, about probability and luck, about good fortune and bad, about marriage and children and memory, about grief, about the ways in which people do and do not deal with the fact that life ends, about the shallowness of sanity, about life itself. I have been a writer my entire life. As a writer, even as a child, long before what I wrote began to be published, I developed a sense that meaning itself was resident in the rhythms of words and sentences and paragraphs, a technique for withholding whatever it was I thought or believed behind an increasingly impenetrable polish. The way I write is who I am, or have become, yet this is a case in which I wish I had instead of words and their rhythms a cutting room, equipped with an Avid, a digital editing system on which I could touch a key and collapse the sequence of time, show you simultaneously all the frames of memory that come to me now, let you pick the takes, the marginally different expressions, the variant readings of the same lines. This is a case in which I need more than words to find the meaning. This is a case in which I need whatever it is I think or believe to be penetrable, if only for myself.

2.

December 30, 2003, a Tuesday.

We had seen Quintana in the sixth-floor ICU at Beth Israel North.

We had come home.

We had discussed whether to go out for dinner or eat in.

I said I would build a fire, we could eat in.

I built the fire, I started dinner, I asked John if he wanted a drink.

I got him a Scotch and gave it to him in the living room, where he was reading in the chair by the fire where he habitually sat.

The book he was reading was by David Fromkin, a bound galley of *Europe's Last Summer: What Started the Great War in 1914?*

I finished getting dinner, I set the table in the living room where, when we were home alone, we could eat within sight of the fire. I find myself stressing the fire because fires were important to us. I grew up in California, John and I lived there together for twenty-four years, in California we heated our houses by building fires. We built fires even on summer evenings, because the fog came in. Fire said we were home, we had drawn the circle, we were safe through the night. I lit the candles. John asked for a second drink before sitting down. I gave it to him. We sat down. My attention was on mixing the salad.

John was talking, then he wasn't.

At one point in the seconds or minute before he stopped talking he had asked me if I had used single-malt Scotch for his second drink. I had said no, I used the same Scotch I had used for his first drink. "Good," he had said. "I don't know why but I don't think you should mix them." At another point in those seconds or that minute he had been talking about why World War One was the critical event from which the entire rest of the twentieth century flowed.

I have no idea which subject we were on, the Scotch or World War One, at the instant he stopped

talking.

I only remember looking up. His left hand was raised and he was slumped motionless. At first I thought he was making a failed joke, an attempt to make the difficulty of the day seem manageable.

I remember saying *Don't do that*.

When he did not respond my first thought was that he had started to eat and choked. I remember trying to lift him far enough from the back of the chair to give him the Heimlich. I remember the sense of his weight as he fell forward, first against the table, then to the floor. In the kitchen by the telephone I had taped a card with the New York–Presbyterian ambulance numbers. I had not taped the numbers by the telephone because I anticipated a moment like this. I had taped the numbers by the telephone in case someone in the building needed an ambulance.

Someone else.

I called one of the numbers. A dispatcher asked if he was breathing. I said *Just come*. When the paramedics came I tried to tell them what had happened but before I could finish they had transformed the part of the living room where John lay into an emergency department. One of them (there were three, maybe four, even an hour later I could not have said) was talking to the hospital about the electrocardiogram they seemed already to be transmitting. Another was opening the first or second of what would be many syringes for injection. (Epinephrine? Lidocaine? Procainamide? The names came to mind but I had no idea from where.) I remember saying that he might have choked. This was dismissed with a finger swipe: the airway was clear. They seemed now to be using defibrillating paddles, an attempt to restore a rhythm. They got something that could have been a normal heartbe (or I thought they did, we had all been silent, there was a sharp jump), then lost it, and started again.

“He’s still fibbing,” I remember the one on the telephone saying.

“V-fibbing,” John’s cardiologist said the next morning when he called from Nantucket. “They would have said ‘V-fibbing.’ V for ventricular.”

Maybe they said “V-fibbing” and maybe they did not. Atrial fibrillation did not immediately or necessarily cause cardiac arrest. Ventricular did. Maybe ventricular was the given.

I remember trying to straighten out in my mind what would happen next. Since there was an ambulance crew in the living room, the next logical step would be going to the hospital. It occurred to me that the crew could decide very suddenly to go to the hospital and I would not be ready. I would not have in hand what I needed to take. I would waste time, get left behind. I found my handbag and a set of keys and a summary John’s doctor had made of his medical history. When I got back to the living room the paramedics were watching the computer monitor they had set up on the floor. I could not see the monitor so I watched their faces. I remember one glancing at the others. When the decision was made to move it happened very fast. I followed them to the elevator and asked if I could go with them. They said they were taking the gurney down first, I could go in the second ambulance. One of them waited with me for the elevator to come back up. By the time he and I got into the second ambulance the ambulance carrying the gurney was pulling away from the front of the building. The

distance from our building to the part of New York–Presbyterian that used to be New York Hospital is six crosstown blocks. I have no memory of sirens. I have no memory of traffic. When we arrived at the emergency entrance to the hospital the gurney was already disappearing into the building. A man was waiting in the driveway. Everyone else in sight was wearing scrubs. He was not. “Is this the wife?” he said to the driver, then turned to me. “I’m your social worker,” he said, and I guess that is when I must have known.

“I opened the door and I seen the man in the dress greens and I knew. I immediately knew.” This was what the mother of a nineteen-year-old killed by a bomb in Kirkuk said on an HBO documentary, quoted by Bob Herbert in *The New York Times* on the morning of November 12, 2004. “But I thought that if, as long as I didn’t let him in, he couldn’t tell me. And then it—none of that would’ve happened. So he kept saying, ‘Ma’am, I need to come in.’ And I kept telling him, ‘I’m sorry, but you can’t come in.’”

When I read this at breakfast almost eleven months after the night with the ambulance and the social worker I recognized the thinking as my own.

Inside the emergency room I could see the gurney being pushed into a cubicle, propelled by many people in scrubs. Someone told me to wait in the reception area. I did. There was a line for admittance paperwork. Waiting in the line seemed the constructive thing to do. Waiting in the line said that there was still time to deal with this, I had copies of the insurance cards in my handbag, this was not the hospital I had ever negotiated—New York Hospital was the Cornell part of New York–Presbyterian, the part I knew was the Columbia part, Columbia-Presbyterian, at 168th and Broadway, twenty minutes away at best, too far in this kind of emergency—but I could make this unfamiliar hospital work, I could be useful, I could arrange the transfer to Columbia-Presbyterian once he was stabilized. I was fixed on the details of this imminent transfer to Columbia (he would need a bed with telemetry, eventually I could also get Quintana transferred to Columbia, the night she was admitted to Beth Israel North I had written on a card the beeper numbers of several Columbia doctors, one or another of them could make all this happen) when the social worker reappeared and guided me from the paperwork line into an empty room off the reception area. “You can wait here,” he said. I waited. The room was cold, or I was. I wondered how much time had passed between the time I called the ambulance and the arrival of the paramedics. It had seemed no time at all (*a mote in the eye of God* was the phrase that came to me in the room off the reception area) but it must have been at the minimum several minutes.

I used to have on a bulletin board in my office, for reasons having to do with a plot point in a movie, a pink index card on which I had typed a sentence from *The Merck Manual* about how long the brain can be deprived of oxygen. The image of the pink index card was coming back to me in the room off the reception area: “Tissue anoxia for > 4 to 6 min. can result in irreversible brain damage or death.” I was telling myself that I must be misremembering the sentence when the social worker reappeared. He had with him a man he introduced as “your husband’s doctor.” There was a silence. “He’s dead, isn’t he,” I heard myself say to the doctor. The doctor looked at the social worker. “It’s okay,” the social worker said. “She’s a pretty cool customer.” They took me into the curtained cubicle.

where John lay, alone now. They asked if I wanted a priest. I said yes. A priest appeared and said the words. I thanked him. They gave me the silver clip in which John kept his driver's license and credit cards. They gave me the cash that had been in his pocket. They gave me his watch. They gave me his cell phone. They gave me a plastic bag in which they said I would find his clothes. I thanked them. The social worker asked if he could do anything more for me. I said he could put me in a taxi. He did. I thanked him. "Do you have money for the fare," he asked. I said I did, the cool customer. When I walked into the apartment and saw John's jacket and scarf still lying on the chair where he had dropped them when we came in from seeing Quintana at Beth Israel North (the red cashmere scarf, the Patagonia windbreaker that had been the crew jacket on *Up Close & Personal*) I wondered what a uncool customer would be allowed to do. Break down? Require sedation? Scream?

I remember thinking that I needed to discuss this with John.

There was nothing I did not discuss with John.

Because we were both writers and both worked at home our days were filled with the sound of each other's voices.

I did not always think he was right nor did he always think I was right but we were each the person the other trusted. There was no separation between our investments or interests in any given situation. Many people assumed that we must be, since sometimes one and sometimes the other would get the better review, the bigger advance, in some way "competitive," that our private life must be a minefield of professional envies and resentments. This was so far from the case that the general insistence on it came to suggest certain lacunae in the popular understanding of marriage.

That had been one more thing we discussed.

What I remember about the apartment the night I came home alone from New York Hospital was its silence.

In the plastic bag I had been given at the hospital there were a pair of corduroy pants, a wool shirt, belt, and I think nothing else. The legs of the corduroy pants had been slit open, I supposed by the paramedics. There was blood on the shirt. The belt was braided. I remember putting his cell phone and the charger on his desk. I remember putting his silver clip in the box in the bedroom in which we kept our passports and birth certificates and proof of jury service. I look now at the clip and see that these were the cards he was carrying: a New York State driver's license, due for renewal on May 25, 2004; a Chase ATM card; an American Express card; a Wells Fargo MasterCard; a Metropolitan Museum of Art card; a Writers Guild of America West card (it was the season before Academy voting, when you could use a WGAW card to see movies free, he must have gone to a movie, I did not remember); a Medicare card; a Metro card; and a card issued by Medtronic with the legend "I have a Kappa 900 S pacemaker implanted," the serial number of the device, a number to call for the doctor who implanted it, and the notation "Implant Date: 03 Jun 2003." I remember combining the cash that had been in his pocket with the cash in my own bag, smoothing the bills, taking special care to interleaf twenties with

twenties, tens with tens, fives and ones with fives and ones. I remember thinking as I did this that I would see that I was handling things.

When I saw him in the curtained cubicle in the emergency room at New York Hospital there was a chip in one of his front teeth, I supposed from the fall, since there were also bruises on his face. When I identified his body the next day at Frank E. Campbell the bruises were not apparent. It occurred to me that masking the bruises must have been what the undertaker meant when I said no embalming and he said "in that case we'll just clean him up." The part with the undertaker remains remote. I had arrived at Frank E. Campbell so determined to avoid any inappropriate response (tears, anger, helpless laughter at the Oz-like hush) that I had shut down all response. After my mother died the undertaker who picked up her body left in its place on the bed an artificial rose. My brother had told me this offended to the core. I would be armed against artificial roses. I remember making a brisk decision about a coffin. I remember that in the office where I signed the papers there was a grandfather's clock not running. John's nephew Tony Dunne, who was with me, mentioned to the undertaker that the clock was not running. The undertaker, as if pleased to elucidate a decorative element, explained that the clock had not run in some years, but was retained as "a kind of memorial" to a previous incarnation of the firm. He seemed to be offering the clock as a lesson. I concentrated on Quintana. I could shut out what the undertaker was saying but I could not shut out the lines I was hearing as I concentrated on Quintana: *Full fathom five thy father lies / Those are pearls that were his eyes.*

Eight months later I asked the manager of our apartment building if he still had the log kept by the doormen for the night of December 30. I knew there was a log, I had been for three years president of the board of the building, the door log was intrinsic to building procedure. The next day the manager sent me the page for December 30. According to the log the doormen that night were Michael Flynn and Vasile Ionescu. I had not remembered that. Vasile Ionescu and John had a routine with which they amused themselves in the elevator, a small game, between an exile from Ceaușescu's Romania and an Irish Catholic from West Hartford, Connecticut, based on a shared appreciation of political posturing. "So where is bin Laden," Vasile would say when John got onto the elevator, the point being to come up with ever more improbable suggestions: "Could bin Laden be in the penthouse?" "In the maisonette?" "In the fitness room?" When I saw Vasile's name on the log it occurred to me that I could not remember if he had initiated this game when we came in from Beth Israel North in the early evening of December 30. The log for that evening showed only two entries, fewer than usual, even for a time of the year when most people in the building left for more clement venues:

NOTE: Paramedics arrived at 9:20 p.m. for Mr. Dunne. Mr. Dunne was taken to hospital at 10:00 p.m.

The A-B elevator was our elevator, the elevator on which the paramedics came up at 9:20 p.m., the elevator on which they took John (and me) downstairs to the ambulance at 10:05 p.m., the elevator on which I returned alone to our apartment at a time not noted. I had not noticed a lightbulb being out of the elevator. Nor had I noticed that the paramedics were in the apartment for forty-five minutes. I had always described it as “fifteen or twenty minutes.” *If they were here that long does it mean that he was alive?* I put this question to a doctor I knew. “Sometimes they’ll work that long,” he said. It was a while before I realized that this in no way addressed the question.

The death certificate, when I got it, gave the time of death as 10:18 p.m., December 30, 2003.

I had been asked before I left the hospital if I would authorize an autopsy. I had said yes. I later realized that asking a survivor to authorize an autopsy is seen in hospitals as delicate, sensitive, often the most difficult of the routine steps that follow a death. Doctors themselves, according to many studies (for example Katz, J. L., and Gardner, R., “The Intern’s Dilemma: The Request for Autopsy Consent,” *Psychiatry in Medicine* 3:197–203, 1972), experience considerable anxiety about making the request. They know that autopsy is essential to the learning and teaching of medicine, but they also know that the procedure touches a primitive dread. If whoever it was at New York Hospital who asked me to authorize an autopsy experienced such anxiety I could have spared him or her: I actively wanted an autopsy. I actively wanted an autopsy even though I had seen some, in the course of doing research. I knew exactly what occurs, the chest open like a chicken in a butcher’s case, the face peeled down, the scale in which the organs are weighed. I had seen homicide detectives avert their eyes from an autopsy in progress. I still wanted one. I needed to know how and why and when it had happened. In fact I wanted to be in the room when they did it (I had watched those other autopsies with John, I owed him his own, it was fixed in my mind at that moment that he would be in the room if I were on the table) but I did not trust myself to rationally present the point so I did not ask.

If the ambulance left our building at 10:05 p.m., and death was declared at 10:18 p.m., the thirteen minutes in between were just bookkeeping, bureaucracy, making sure the hospital procedures were observed and the paperwork was done and the appropriate person was on hand to do the sign-off and inform the cool customer.

The sign-off, I later learned, was called the “pronouncement,” as in “Pronounced: 10:18 p.m.”

I had to believe he was dead all along.

If I did not believe he was dead all along I would have thought I should have been able to save him.

Until I saw the autopsy report I continued to think this anyway, an example of delusionary thinking of the omnipotent variety.

A week or two before he died, when we were having dinner in a restaurant, John asked me to write something in my notebook for him. He always carried cards on which to make notes, three-by-six-inch cards printed with his name that could be slipped into an inside pocket. At dinner he had thought of something he wanted to remember but when he looked in his pockets he found no cards. I need you to write something down, he said. It was, he said, for his new book, not for mine, a point he stressed because I was at the time researching a book that involved sports. This was the note he dictated: "Coaches used to go out after a game and say 'you played great.' Now they go out with state police, as if this were a war and they the military. The militarization of sports." When I gave him the note the next day he said "You can use it if you want to."

What did he mean?

Did he know he would not write the book?

Did he have some apprehension, a shadow? Why had he forgotten to bring note cards to dinner that night? Had he not warned me when I forgot my own notebook that the ability to make a note when something came to mind was the difference between being able to write and not being able to write? Was something telling him that night that the time for being able to write was running out?

One summer when we were living in Brentwood Park we fell into a pattern of stopping work at four in the afternoon and going out to the pool. He would stand in the water reading (he reread *Sophie's Choice* several times that summer, trying to see how it worked) while I worked in the garden. It was a small, even miniature, garden with gravel paths and a rose arbor and beds edged with thyme and santolina and feverfew. I had convinced John a few years before that we should tear out a lawn to plant this garden. To my surprise, since he had shown no previous interest in gardens, he regarded the finished product as an almost mystical gift. Just before five on those summer afternoons we would swim and then go into the library wrapped in towels to watch *Tenko*, a BBC series, then in syndication about a number of satisfyingly predictable English women (one was immature and selfish, another seemed to have been written with *Mrs. Miniver* in mind) imprisoned by the Japanese in Malaya during World War Two. After each afternoon's *Tenko* segment we would go upstairs and work another hour or two, John in his office at the top of the stairs, me in the glassed-in porch across the hall that had become my office. At seven or seven-thirty we would go out to dinner, many nights at Morton's. Morton's felt right that summer. There was always shrimp quesadilla, chicken with black beans. There was always someone we knew. The room was cool and polished and dark inside but you could see the twilight outside.

John did not like driving at night by then. This was one reason, I later learned, that he wanted to spend more time in New York, a wish that at the time remained mysterious to me. One night that summer he asked me to drive home after dinner at Anthea Sylbert's house on Camino Palmero in Hollywood. I remember thinking how remarkable this was. Anthea lived less than a block from our house on Franklin Avenue in which we had lived from 1967 until 1971, so it was not a question of reconnoitering a new neighborhood. It had occurred to me as I started the ignition that I could count on my fingers the number of times I had driven when John was in the car; the single other time I could remember that night was once spelling him on a drive from Las Vegas to Los Angeles. He had been dozing in the passenger seat of the Corvette we then had. He had opened his eyes. After a moment he had said, very carefully, "I might take it a little slower." I had no sense of unusual speed and glance

at the speedometer: I was doing 120.

Yet.

A drive across the Mojave was one thing. There had been no previous time when he asked me to drive home from dinner in town: this evening on Camino Palmero was unprecedented. So was the fact that at the end of the forty-minute drive to Brentwood Park he pronounced it “well driven.”

He mentioned those afternoons with the pool and the garden and *Tenko* several times during the year before he died.

Philippe Ariès, in *The Hour of Our Death*, points out that the essential characteristic of death as it appears in the *Chanson de Roland* is that the death, even if sudden or accidental, “gives advance warning of its arrival.” Gawain is asked: “Ah, good my lord, think you then so soon to die?” Gawain answers: “I tell you that I shall not live two days.” Ariès notes: “Neither his doctor nor his friends nor the priests (the latter are absent and forgotten) know as much about it as he. Only the dying man can tell how much time he has left.”

You sit down to dinner.

“You can use it if you want to,” John had said when I gave him the note he had dictated a week or two before.

And then—gone.

Grief, when it comes, is nothing we expect it to be. It was not what I felt when my parents died: my father died a few days short of his eighty-fifth birthday and my mother a month short of her ninety-first, both after some years of increasing debility. What I felt in each instance was sadness, loneliness (the loneliness of the abandoned child of whatever age), regret for time gone by, for things unsaid, for my inability to share or even in any real way to acknowledge, at the end, the pain and helplessness and physical humiliation they each endured. I understood the inevitability of each of their deaths. I had been expecting (fearing, dreading, anticipating) those deaths all my life. They remained, when they did occur, distanced, at a remove from the ongoing dailiness of my life. After my mother died I received a letter from a friend in Chicago, a former Maryknoll priest, who precisely intuited what I felt. The death of a parent, he wrote, “despite our preparation, indeed, despite our age, dislodges things deep in us, sets off reactions that surprise us and that may cut free memories and feelings that we had thought gone to ground long ago. We might, in that indeterminate period they call mourning, be in a submarine, silent on the ocean’s bed, aware of the depth charges, now near and now far, buffeting us with recollections.”

My father was dead, my mother was dead, I would need for a while to watch for mines, but I would still get up in the morning and send out the laundry.

I would still plan a menu for Easter lunch.

I would still remember to renew my passport.

Grief is different. Grief has no distance. Grief comes in waves, paroxysms, sudden apprehensions that weaken the knees and blind the eyes and obliterate the dailiness of life. Virtually everyone who has ever experienced grief mentions this phenomenon of “waves.” Eric Lindemann, who was chief of psychiatry at Massachusetts General Hospital in the 1940s and interviewed many family members of those killed in the 1942 Cocoanut Grove fire, defined the phenomenon with absolute specificity in his famous 1944 study: “sensations of somatic distress occurring in waves lasting from twenty minutes to an hour at a time, a feeling of tightness in the throat, choking with shortness of breath, need for sighing, and an empty feeling in the abdomen, lack of muscular power, and an intense subjective distress described as tension or mental pain.”

Tightness in the throat.

Choking, need for sighing.

Such waves began for me on the morning of December 31, 2003, seven or eight hours after the fire when I woke alone in the apartment. I do not remember crying the night before; I had entered at the moment it happened a kind of shock in which the only thought I allowed myself was that there must be certain things I needed to do. There had been certain things I had needed to do while the ambulance crew was in the living room. I had needed for example to get the copy of John’s medical summary, so I could take it with me to the hospital. I had needed for example to bank the fire, because I would be leaving it. There had been certain things I had needed to do at the hospital. I had needed for example to stand in the line. I had needed for example to focus on the bed with telemetry he would need for the transfer to Columbia-Presbyterian.

Once I got back from the hospital there had again been certain things I needed to do. I could not identify all of these things but I did know one of them: I needed, before I did anything else, to tell John’s brother Nick. It had seemed too late in the evening to call their older brother Dick on Cape Cod (he went to bed early, his health had not been good, I did not want to wake him with bad news) but I needed to tell Nick. I did not plan how to do this. I just sat on the bed and picked up the phone and dialed the number of his house in Connecticut. He answered. I told him. After I put down the phone, I had what I can only describe as a new neural pattern of dialing numbers and saying the words, I picked up again. I could not call Quintana (she was still where we had left her a few hours before the fire, unconscious in the ICU at Beth Israel North) but I could call Gerry, her husband of five months, and I could call my brother, Jim, who would be at his house in Pebble Beach. Gerry said he would come over. I said there was no need to come over, I would be fine. Jim said he would get a flight. I said there was no need to think about a flight, we would talk in the morning. I was trying to think what to do next when the phone rang. It was John’s and my agent, Lynn Nesbit, a friend since I suppose the late sixties. It was not clear to me at the time how she knew but she did (it had something to do with a mutual friend to whom both Nick and Lynn seemed in the last minute to have spoken) and she was calling from a taxi on her way to our apartment. At one level I was relieved (Lynn knew how to manage things, Lynn would know what it was that I was supposed to be doing) and at another I was bewildered: how could I deal at this moment with company? What would we do, would we sit in the

living room with the syringes and the ECG electrodes and the blood still on the floor, should I rekindle what was left of the fire, would we have a drink, would she have eaten?

Had I eaten?

The instant in which I asked myself whether I had eaten was the first intimation of what was come: if I thought of food, I learned that night, I would throw up.

Lynn arrived.

We sat in the part of the living room where the blood and electrodes and syringes were not.

I remember thinking as I was talking to Lynn (this was the part I could not say) that the blood must have come from the fall: he had fallen on his face, there was the chipped tooth I had noticed in the emergency room, the tooth could have cut the inside of his mouth.

Lynn picked up the phone and said that she was calling Christopher.

This was another bewilderment: the Christopher I knew best was Christopher Dickey, but he was in either Paris or Dubai and in any case Lynn would have said Chris, not Christopher. I found my mind veering to the autopsy. It could even be happening as I sat there. Then I realized that the Christopher to whom Lynn was talking was Christopher Lehmann-Haupt, who was the chief obituary writer for *The New York Times*. I remember a sense of shock. I wanted to say *not yet* but my mouth had gone dry. I could deal with "autopsy" but the notion of "obituary" had not occurred to me. "Obituary," unlike "autopsy," which was between me and John and the hospital, meant it had happened. I found myself wondering, with no sense of illogic, if it had also happened in Los Angeles. 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 a different ending on Pacific time?) I recall being seized by a pressing need not to let anyone at the *Los Angeles Times* learn what had happened by reading it in *The New York Times*. I called our closest friend at the *Los Angeles Times*, Tim Rutten. I have no memory of what Lynn and I did then. I remember her saying that she would stay the night, but I said no, I would be fine alone.

And I was.

Until the morning. When, only half awake, I tried to think why I was alone in the bed. There was a leaden feeling. It was the same leaden feeling with which I woke on mornings after John and I had fought. Had we had a fight? What about, how had it started, how could we fix it if I could not remember how it started?

Then I remembered.

For several weeks that would be the way I woke to the day.

I wake and feel the fell of dark, not day.

One of several lines from different poems by Gerard Manley Hopkins that John strung together during the months immediately after his younger brother committed suicide, a kind of improvised rosary.

*O the mind, mind has mountains; cliffs of fall
Frightful, sheer, no-man-fathomed. Hold them cheap
May who ne'er hung there.
I wake and feel the fell of dark, not day.
And I have asked to be
Where no storms come.*

I see now that my insistence on spending that first night alone was more complicated than it seemed, a primitive instinct. Of course I knew John was dead. Of course I had already delivered the definitive news to his brother and to my brother and to Quintana's husband. *The New York Times* knew. The *Los Angeles Times* knew. Yet I was myself in no way prepared to accept this news as final; there was a level on which I believed that what had happened remained reversible. That was why I needed to be alone.

After that first night I would not be alone for weeks (Jim and his wife Gloria would fly in from California the next day, Nick would come back to town, Tony and his wife Rosemary would come down from Connecticut, José would not go to Las Vegas, our assistant Sharon would come back from skiing, there would never not be people in the house), but I needed that first night to be alone.

I needed to be alone so that he could come back.

This was the beginning of my year of magical thinking.

3.

The power of grief to derange the mind has in fact been exhaustively noted. The act of grieving Freud told us in his 1917 “Mourning and Melancholia,” “involves grave departures from the normal attitude to life.” Yet, he pointed out, grief remains peculiar among derangements: “It never occurs to us to regard it as a pathological condition and to refer it to medical treatment.” We rely instead on “it being overcome after a certain lapse of time.” We view “any interference with it as useless and even harmful.” Melanie Klein, in her 1940 “Mourning and Its Relation to Manic-Depressive States,” made a similar assessment: “The mourner is in fact ill, but because this state of mind is common and seems so natural to us, we do not call mourning an illness.... To put my conclusion more precisely: I should say that in mourning the subject goes through a modified and transitory manic-depressive state and overcomes it.”

Notice the stress on “overcoming” it.

It was deep into the summer, some months after the night when I needed to be alone so that I could come back, before I recognized that through the winter and spring there had been occasions on which I was incapable of thinking rationally. I was thinking as small children think, as if my thoughts or wishes had the power to reverse the narrative, change the outcome. In my case this disorderly thinking had been covert, noticed I think by no one else, hidden even from me, but it had also been, in retrospect, both urgent and constant. In retrospect there had been signs, warning flags I should have noticed. There had been for example the matter of the obituaries. I could not read them. This continued from December 31, when the first obituaries appeared, until February 29, the night of the 2004 Academy Awards, when I saw a photograph of John in the Academy’s “In Memoriam” montage. When I saw the photograph I realized for the first time why the obituaries had so disturbed me.

I had allowed other people to think he was dead.

I had allowed him to be buried alive.

Another such flag: there had come a point (late February, early March, after Quintana had left the hospital but before the funeral that had waited on her recovery) when it had occurred to me that I was supposed to give John’s clothes away. Many people had mentioned the necessity for giving the clothes away, usually in the well-intentioned but (as it turns out) misguided form of offering to help me do this. I had resisted. I had no idea why. I myself remembered, after my father died, helping my mother separate his clothes into stacks for Goodwill and “better” stacks for the charity thrift shop where my

sister-in-law Gloria volunteered. After my mother died Gloria and I and Quintana and Gloria and Jim's daughters had done the same with her clothes. It was part of what people did after a death, part of the ritual, some kind of duty.

I began. I cleared a shelf on which John had stacked sweatshirts, T-shirts, the clothes he wore when we walked in Central Park in the early morning. We walked every morning. We did not always walk together because we liked different routes but we would keep the other's route in mind and intersect before we left the park. The clothes on this shelf were as familiar to me as my own. I closed my mind to this. I set aside certain things (a faded sweatshirt I particularly remembered him wearing, a Canyon Ranch T-shirt Quintana had brought him from Arizona), but I put most of what was on this shelf into bags and took the bags across the street to St. James' Episcopal Church. Emboldened, I opened the closet and filled more bags: New Balance sneakers, all-weather shoes, Brooks Brothers shorts, another bag of socks. I took the bags to St. James'. One day a few weeks later I gathered up more bags and took them to John's office, where he had kept his clothes. I was not yet prepared to address the suits and shirts and jackets but I thought I could handle what remained of the shoes, a start.

I stopped at the door to the room.

I could not give away the rest of his shoes.

I stood there for a moment, then realized why: he would need shoes if he was to return.

The recognition of this thought by no means eradicated the thought.

I have still not tried to determine (say, by giving away the shoes) if the thought has lost its power.

On reflection I see the autopsy itself as the first example of this kind of thinking. Whatever else has been in my mind when I so determinedly authorized an autopsy, there was also a level of derangement on which I reasoned that an autopsy could show that what had gone wrong was something simple. It could have been no more than a transitory blockage or arrhythmia. It could have required only a minor adjustment—a change in medication, say, or the resetting of a pacemaker. In this case, the reasoning went, they might still be able to fix it.

I recall being struck by an interview, during the 2004 campaign, in which Teresa Heinz Kerry talked about the sudden death of her first husband. After the plane crash that killed John Heinz, she said. In the interview, she had felt very strongly that she “needed” to leave Washington and go back to Pittsburgh.

Of course she “needed” to go back to Pittsburgh.

Pittsburgh, not Washington, was the place to which he might come back.

The autopsy did not in fact take place the night John was declared dead.

The autopsy did not take place until eleven the next morning. I realize now that the autopsy could have taken place only after the man I did not know at New York Hospital made the phone call to me on the morning of December 31. The man who made the call was not “my social worker,” not “my husband’s doctor,” not, as John and I might have said to each other, our friend from the bridge. “Not our friend from the bridge” was family shorthand, having to do with how his Aunt Harriet Burns described subsequent sightings of recently encountered strangers, for example seeing outside the Friendly’s in West Hartford the same Cadillac Seville that had earlier cut her off on the Bulkeley Bridge. “Our friend from the bridge,” she would say. I was thinking about John saying “not our friend from the bridge” as I listened to the man on the telephone. I recall expressions of sympathy. I recall offers of assistance. He seemed to be avoiding some point.

He was calling, he said then, to ask if I would donate my husband’s organs.

Many things went through my mind at this instant. The first word that went through my mind was “no.” Simultaneously I remembered Quintana mentioning at dinner one night that she had identified herself as an organ donor when she renewed her driver’s license. She had asked John if he had. He had said no. They had discussed it.

I had changed the subject.

I had been unable to think of either of them dead.

The man on the telephone was still talking. I was thinking: If she were to die today in the ICU at Beth Israel North, would this come up? What would I do? What would I do now?

I heard myself saying to the man on the telephone that my husband’s and my daughter were unconscious. I heard myself saying that I did not feel capable of making such a decision before our daughter even knew he was dead. This seemed to me at the time a reasonable response.

Only after I hung up did it occur to me that nothing about it was reasonable. This thought was immediately (and usefully—notice the instant mobilization of cognitive white cells) supplanted by another: there had been in this call something that did not add up. There had been a contradiction in it. This man had been talking about donating organs, but there was no way at this point to do a productive organ harvest: John had not been on life support. He had not been on life support when I saw him in the curtained cubicle in the emergency room. He had not been on life support when the priest came. All organs would have shut down.

Then I remembered: the Miami-Dade Medical Examiner’s office. John and I had been there together one morning in 1985 or 1986. There had been someone from the eye bank tagging bodies for cornea removal. Those bodies in the Miami-Dade Medical Examiner’s office had not been on life support. This man from New York Hospital, then, was talking about taking only the corneas, the eyes. *Then why not say so? Why misrepresent this to me? Why make this call and not just say “his eyes”?* I took the silver clip the social worker had given me the night before from the box in the bedroom and looked at the driver’s license. *Eyes: BL, the license read. Restrictions: Corrective Lenses.*

Why make this call and not just say what you wanted?

His eyes. His blue eyes. His blue imperfect eyes.

and what i want to know is

*how do you like your blueeyed boy
Mister Death*

I could not that morning remember who wrote those lines. I thought it was E. E. Cummings but could not be sure. I did not have a volume of Cummings but found an anthology on a poetry shelf in the bedroom, an old textbook of John's, published in 1949, when he would have been at Portsmouth Priory, the Benedictine boarding school near Newport to which he was sent after his father died.

(His father's death: sudden, cardiac, in his early fifties, I should have taken that warning.)

If we happened to be anywhere around Newport John would take me to Portsmouth to hear the Gregorian chant at vespers. It was something that moved him. On the flyleaf of the anthology there was written the name *Dunne*, in small careful handwriting, and then, in the same handwriting, blue ink, fountain-pen blue ink, these guides to study: 1) *What is the meaning of the poem and what is the experience?* 2) *What thought or reflection does the experience lead us to?* 3) *What mood, feeling, emotion is stirred or created by the poem as a whole?* I put the book back on the shelf. It would be some months before I remembered to confirm that the lines were in fact E. E. Cummings. It would also be some months before it occurred to me that my anger at this unknown caller from New York Hospital reflected another version of the primitive dread that had not for me been awakened by the autopsy question.

What was the meaning and what the experience?

To what thought or reflection did the experience lead us?

How could he come back if they took his organs, how could he come back if he had no shoes?

4.

On most surface levels I seemed rational. To the average observer I would have appeared to fully understand that death was irreversible. I had authorized the autopsy. I had arranged for cremation. I had arranged for his ashes to be picked up and taken to the Cathedral of St. John the Divine, where, once Quintana was awake and well enough to be present, they would be placed in the chapel off the main altar where my brother and I had placed our mother's ashes. I had arranged for the marble plate on which her name was cut to be removed and recut to include John's name. Finally, on the 23rd of March, almost three months after his death, I had seen the ashes placed in the wall and the marble plate replaced and a service held.

We had Gregorian chant, for John.

Quintana asked that the chant be in Latin. John too would have asked that.

We had a single soaring trumpet.

We had a Catholic priest and an Episcopal priest.

Calvin Trillin spoke, David Halberstam spoke, Quintana's best friend Susan Traylor spoke. Susan Moore read a fragment from "East Coker," the part about how "one has only learnt to get the better of words / For the thing one no longer has to say, or the way in which / One is no longer disposed to say it." Nick read Catullus, "On His Brother's Death." Quintana, still weak but her voice steady, standing in a black dress in the same cathedral where she had eight months before been married, read a poem she had written to her father.

I had done it. I had acknowledged that he was dead. I had done this in as public a way as I could conceive.

Yet my thinking on this point remained suspiciously fluid. At dinner in the late spring or early summer I happened to meet a prominent academic theologian. Someone at the table raised a question about faith. The theologian spoke of ritual itself being a form of faith. My reaction was unexpressed but negative, vehement, excessive even to me. Later I realized that my immediate thought had been *But I did the ritual. I did it all.* I did St. John the Divine, I did the chant in Latin, I did the Catholic priest and the Episcopal priest, I did "For a thousand years in thy sight are but as yesterday when it is past" and I did "*In paradisum deducant angeli.*"

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